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State of Alabama Alabama Medicaid Agency

Annual External Quality Review Technical Report Aggregate Report

Measurement Years 2019–2020
April 2021



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Executive Summary

Purpose of Report

The Balanced Budget Act of 1997 established that state agencies contracting with the following managed care entities (MCEs), provide for an annual external, independent review of the quality outcomes, timeliness of, and access to the services included in the contract between the state agency and the MCE: Medicaid managed care organizations (MCOs), prepaid ambulatory health plans (PAHPs), prepaid inpatient health plans (PIHPs), and primary care case management (PCCM) entities (PCCM-Es). Quality, as it pertains to an external quality review (EQR), is defined in 42 CFR 438.320 as “[t]he degree to which an MCO, PIHP, PAHP, or PCCM entity increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics, the provision of services that are consistent with current professional, evidence-based knowledge, and interventions for performance improvement.” Subpart E – External Quality Review of 42 Code of Federal Regulations (CFR) sets forth the requirements for annual EQR of contracted MCEs. CFR 438.350 requires states to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCE. The states must further ensure that the EQRO has sufficient information to carry out this review, that the information be obtained from EQR-related activities, and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS).

These same federal regulations require that the annual EQR be summarized in a detailed technical report that aggregates, analyzes, and evaluates information on the quality, timeliness, and access to health care services that MCEs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the MCEs regarding health care quality, timeliness, and access, as well as make recommendations for improvement. Finally, the report must assess the degree to which any previous recommendations were addressed by the MCEs.

To meet these federal requirements, the Alabama Medicaid Agency (AMA) has contracted with Island Peer Review Organization (IPRO), an EQRO, to conduct the annual EQR of the Alabama Coordinated Health Network (ACHN) entities.

Scope of EQR Activities Conducted

This EQR technical report focuses on the two EQR activities that were conducted. As set forth in 42 CFR 438.358, these activities were:

Systems Performance Review (SPR) – This review determines ACHN entity compliance with its contract and with state and federal regulations in accordance with the requirements of 42 CFR 438 Subpart E.

Validation of Quality Improvement Projects (QIPs) – While regulations do not require ACHN entities to conduct QIPs, states may require them to do so. It is recommended that if states do require their ACHN entities to carry out QIPs, then they should consider validating those projects. AMA requires their ACHN entities to carry out QIPs, and IPRO has been tasked with the validation of those QIPs. QIPs were reviewed to ensure that the projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care and services and giving confidence in the reported improvements.

CMS defines *validation* in the Final Rule in 42 CFR 438.320 as “[t]he review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.”

The results of the EQR activities performed by IPRO are detailed in the **Findings, Strengths and Recommendations with Conclusions Related to Health Care Quality, Timeliness and Access** section of this report.

Overall Conclusions and Recommendations

The following is a high-level summary of the conclusions drawn from the findings of the EQR activities regarding Alabama Medicaid ACHN's strengths and IPRO's recommendations with respect to quality, timeliness, and access. Specific findings, strengths, and recommendations are described in detail in the **Findings, Strengths and Recommendations with Conclusions Related to Health Care Quality, Timeliness and Access** section of this report.

Alabama Care Network Mid-State

Quality

The Quality domain encompasses QIP activities and findings from five of the eight SPR domains: EI Materials, EI Rights, Grievances, Health Information Management Systems (HIMS), and Quality Management.

Quality Improvement Projects

In 2019, Alabama Care Network (ACN) Mid-State submitted proposals for three QIP topics: Adverse Birth Outcomes, Childhood Obesity, and Substance Use Disorder. ACN Mid-State is targeting eligible individuals (EIs) at high risk for adverse maternal outcomes, by focusing on chronic conditions such as hypertension and diabetes in pregnant women and EIs of childbearing age (defined by the entity as those 18–44 years of age). The entity has focused their efforts on implementing the use of in-house hypertension/diabetes monitoring, providing blood pressure monitors to hypertensive EIs, performing a screening for social determinants of health for EIs that have delivered a low birth-weight baby and then connecting to community resources, and engaging postpartum EIs in family planning. For childhood obesity, the ACHN is focusing on EIs 3 - 11 years of age with a BMI > 85th percentile, with the goal of reducing the percentage of children with an overweight or obese diagnosis. ACN Mid-State has targeted EIs with a mailing campaign, wherein letters are sent and a follow-up phone call is made to educate parents on the importance of the well child visit, and to help with scheduling a visit with the child's provider. Additionally, the ACHN has implemented their Healthy Eating Active Living (HEAL) program and has been providing MyPlate materials to EIs for nutrition education, as well as jump ropes and Frisbees to promote physical activity. Lastly, for their substance use disorder project, ACN Mid-State is targeting EIs who were newly prescribed Medication Assisted Therapy (MAT) within the last 6 months, as well as pregnant EIs who were identified with a history of substance use disorder (SUD), or with active SUD. ACN Mid-State is utilizing AMA data to identify and outreach EIs with SUD for care coordination (to assist with primary/mental health care as well as connection to community resources), referral to Peer Support Specialist, and appointment coordination for those with a new MAT prescription. Further, the ACHN is referring pregnant EIs (i.e., those identified at assessment by maternity care coordinator with history/active SUD) to peer support, or the Children's Policy Council a plan of safe care. Intervention tracking measures have not been reported by ACN Mid-State to date; however they will be provided going forward, and reviewed to assess intervention progress and provide additional insight into potential gaps in care.

Systems Performance Review

ACN Mid-State received a designation of full compliance for EI Rights and Quality Management. The ACHN received a designation of partial compliance for EI Materials, HIMS, and Grievances:

- Of the 45 standards reviewed for EI Materials, 37 standards were fully compliant, 5 were partially compliant, 2 were non-compliant, and 1 was not applicable. The following details findings from the review of the partially compliant and non-compliant standards:
 - While ACN Mid-State has a written description of all planned health education activities, they do not indicate if the targeted implementation dates are at a frequency and in a format determined by the Agency.
 - The requirement that states that "Materials identified or developed for use shall be reviewed and approved by the Agency, including, but not limited to, letters, educational Materials, programs, promotional, on-line content, and forms" is not addressed in ACN Mid-State's policies.
 - ACN Mid-State EI Materials policies do not indicate that updates from the Agency be addressed.
 - The requirement that states "Website content must be approved in advance by the Agency. Website content is to be accurate, current, and designed so that EIs and Providers may easily locate all relevant information" is not addressed in ACN Mid-State's policies.
 - The following requirement is not addressed within ACN Mid-State's policies: The PCCM-E may only use electronic methods of communication with an EI if an EI has provided an email address to the PCCM-E and has not requested to no longer receive electronic methods of communication; the EI has requested or approved

electronic transmittal; and all Health Insurance Portability and Accountability Act (HIPAA) requirements are satisfied with respect to PHI.

- The policy that governs the community resource guide does not indicate that it must be updated at least annually and made available to the PCCM-E's care coordination staff who have contact with EIs.
- The following requirement is not addressed on the ACN Mid-State website: "If the Agency determines that the PCCM-E's web presence will be incorporated to any degree to the Agency's or the State's web presence, the PCCM-E must conform to any applicable Agency or State standard for website structure, coding, and presentation."
- Of the 11 standards reviewed for HIMS, 9 standards were fully compliant, and 2 were partially compliant. The following details findings from the review of the partially compliant standards:
 - Language that indicates that failure to input Maternity data and/or Care Coordination documentation for each EI with a 95% accuracy rate into the Health Information System/Database will result in sanctions is not found within the ACHN's policies.
 - Language that indicates that the entity's HIMS system must provide the Agency a monthly extract of data in the format prescribed by the Agency is not found within ACN Mid-State's policies.
- Of the six standards reviewed for Grievances, five standards were fully compliant, and one was partially compliant. The following details findings from the review of the partially compliant standard:
 - The following requirement was not found within the Grievances policies/procedures: "A summary and, if necessary, a request for a corrective action plan (CAP) will be sent from the Agency for all complaints reported within thirty (30) Calendar Days of the request for the summary or CAP."

In the domain of Quality, IPRO recommends that ACN Mid-State:

- Capture intervention tracking measures for each intervention across the three QIP topic areas.
- Update their policies to include verbiage related to their health education activities and targeted implementation dates at a frequency and format determined by the Agency.
- Update their policies to include verbiage related to the review and approval by the Agency of EI materials.
- Update their policies to include verbiage related to addressing updates from the Agency.
- Revise Policy ACHN 015 to include language that addresses incorporating their website to the Agency or State website.
- Revise their EI Materials policy to include language that addresses the use of electronic methods of communication.
- Revise Policy ACHN 015 to include website language. ACN Mid-State should also review the formalized process to ensure regular updates.
- Revise Policy ACHN 015 to include language that addresses incorporating their website to the Agency or State website.
- Add language indicating that "failure to input Maternity data and/or Care Coordination documentation for each EI with a 95% accuracy rate into the Health Information System/Database will result in sanctions" to their HIMS policy.
- Add language to HIMS policy indicating that the HIMS system must provide the Agency a monthly extract of data in the format prescribed by the Agency.
- Revise its complaints and grievances policy and procedure to reflect the activities outlined in the requirement pertaining to corrective action plans.

Timeliness

The Timeliness domain includes findings from the SPR Grievance domain.

Systems Performance Review

Of the six standards reviewed for Grievances, five standards were fully compliant, and one was partially compliant. This partially compliant standard was not related to timeliness, but rather quality, and is reflected above.

There are currently no recommendations in the domain of Timeliness.

Access

The Access domain includes findings from three of the eight SPR domains; Care Coordination, Enrollment/Disenrollment and Provider Participation.

Systems Performance Review

ACN Mid-State received a designation of full compliance for Enrollment/Disenrollment and Provider Participation. The ACHN received a designation of partial compliance for Care Coordination:

- Of the 134 standards reviewed for Care Coordination, 125 were fully compliant, and 9 were partially compliant. The following details findings from the review of the partially compliant standards:
 - There is no documentation indicating that a certified letter informing EIs of care coordination service will be sent to members (as opposed to letters sent via standard mail). This will not be a requirement going forward and thus there is no corresponding recommendation.
 - File review results indicated that three files were applicable for a high-risk face-to-face postpartum visit; however, these files did not include documentation of this visit. Furthermore, eight files were eligible for a follow-up visit in the second/third trimester; however, five of these files did not have evidence of this follow-up visit.
 - Two files did not include a maternal health risk identification strategy.
 - Four files did not include a maternal health risk and psychosocial assessment for all EIs at the first face-to-face initial assessment.
 - Seven files did not meet the requirement that the maternal health care plan must be patient-/caregiver-centered with a team approach.
 - Two files did not meet the requirement that the maternal health care plan must include the primary care providers (PCPs) and/or community agencies as appropriate.
 - One file did not meet the requirement that the PCCM-E must provide Care Coordination for newborns delivered with no prenatal care, who will receive a face-to-face inpatient delivery encounter by a Care Coordinator.
 - Two files did not demonstrate counseling on contraception and family planning services.
 - One file did not demonstrate counseling on appropriate postpartum care.

In the domain of Access, IPRO recommends that ACN Mid-State:

- Ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for EIs.
- Conduct testing to ensure that the new calculation for psychosocial assessment score and risk stratification will fulfill the requirement related to maternal health risk identification strategy.
- Ensure that internal training provided to ACN Mid-State's encompasses identification of maternal health risks as well as how to address these risks.
- Ensure that EI-specific risks are addressed in care plans.
- Bolster care coordination by including other providers and external agencies whenever warranted, to meet the requirement that the maternal health care plan must include the PCPs/community agencies as appropriate.
- Ensure that EIs eligible for a delivery encounter receive a delivery visit or missed delivery visit within 20 calendar days.
- Ensure that counseling is conducted appropriately for contraception and family planning services, and postpartum care.

Alabama Care Network Southeast

Quality

The quality domain encompasses QIP activities and findings from five of the eight SPR domains: EI Materials, EI Rights, Grievances, HIMS, and Quality Management.

Quality Improvement Projects

In 2019, ACN Southeast submitted proposals for three QIP topics: Adverse Birth Outcomes, Childhood Obesity, and Substance Use Disorder. To address adverse birth outcomes, ACN Southeast is targeting all pregnant EIs, as well as delivering health care providers (DHCPs) and primary care providers (PCPs) in order to encourage visit compliance. ACN

Southeast has initiated outreach to DHCP offices and EIs to schedule an initial visit within the first trimester; issued an incentive delivery package at delivery for EIs who attend at least 80% of prenatal visits, postpartum visit, and all care coordination visits; referred pregnant EIs with hypertension or diabetes to their internal bio-monitoring program; distributed safe sleep information to caregivers of EIs 0–6 months of age; and provided targeted case management to EIs 0–15 months of age. Intervention tracking measures have been recorded for several interventions, and demonstrate both a consistent increase in the percentage of initial visits scheduled with DHCP offices and improvement in the percentage of EIs who qualify for the incentive package. Intervention tracking measures also demonstrated a steady decline in the percentage of EIs with hypertension or diabetes that deliver after 37 weeks, as well as an increase in the percentage of live births weighing less than 2500 grams born to EIs with hypertension or diabetes. For childhood obesity, the ACHN is targeting EIs 3–6 years of age, in order to promote well-child visits and improve outcomes among those with a body mass index (BMI) > 85th percentile. ACN Southeast has distributed MyPlate educational materials, provided gardening materials and seeds to children in pre-K, kindergarten, and first grade, and provided education and support to encourage breastfeeding in infants 0–6 months of age. The first two interventions launched (the MyPlate and gardening initiatives) began in November 2020, and tracking measures demonstrate that there remains much opportunity to continue the distribution of MyPlate educational materials (evidenced by only 2.1% of EIs with BMI >85th percentile ages 3–6 who received education in Q4) and an opportunity to expand the percentage of schools that received gardening materials (14.5% in Q4). Lastly, for their substance use disorder project, ACN Southeast is targeting EIs 18 years of age and older with a diagnosis of alcohol or other drug (AOD) abuse or dependence. ACN Southeast has proposed funding non-billing treatment facilities, arranging transportation when non-emergency transport is unavailable, and partnering with SpectraCare to add peer support specialists in their region. Intervention tracking measures have not been reported by the entity to date, given the changes that were made to the scope of this project and to the interventions; however, they will be provided going forward, and reviewed to assess intervention progress and provide additional insight into potential gaps in care.

Systems Performance Review

ACN Southeast received a designation of full compliance for EI Rights and Quality Management. The ACHN received a designation of partial compliance for EI Materials, HIMS, and Grievances:

- Of the 45 standards reviewed for EI Materials, 41 were fully compliant, 2 were partially compliant, and 2 were non-compliant. The following details findings from the review of the partially compliant and non-compliant standards:
 - ACN Southeast’s EI policies do not address the requirement that states that the PCCM-E may only use electronic methods of communication with an EI, if the EI has provided an email address to the PCCM-E and has not requested to no longer receive electronic methods of communication.
 - The requirement that states that “The PCCM-E must provide the Agency with a written description of all planned health education activities and targeted implementation dates at a frequency and in a format determined by the Agency” is not fully addressed within ACN Southeast’s documentation.
 - The requirement that states “If the Agency determines that the PCCM-E’s web presence will be incorporated to any degree to the Agency’s or the State’s web presence, the PCCM-E must conform to any applicable Agency or State standard for website structure, coding, and presentation” is not evidenced within ACN Southeast’s website or within policies/procedures.
 - ACN Southeast’s policies do not include verbiage related to the website content being approved in advance by the Agency, and that the content be accurate, current, and designed so that EIs and providers can easily locate relevant information.
- Of the 11 standards were reviewed for HIMS, 9 were fully compliant, and 2 were partially compliant. The following details findings from the review of the partially compliant standards:
 - Language regarding sanctions if 95% accuracy rate of maternity data and care coordination documentation into the Health Information System/Database is not demonstrated is not reflected in HIMS policies.
 - The requirement that the HIMS must provide the Agency with a monthly extract of data in the format prescribed by the Agency is not evident within ACN Southeast’s policies.
- Of the six standards were reviewed for Grievances, five were fully compliant, and one was partially compliant. The following details findings from the review of the partially compliant standard:
 - The following requirement was not found within the Grievances policies/procedures: “A summary and, if necessary, a request for a corrective action plan (CAP) will be sent from the Agency for all complaints reported within thirty (30) Calendar Days of the request for the summary or CAP.”

In the domain of Quality, IPRO recommends that ACN Southeast:

- Increase the distribution of MyPlate educational materials and expand the percentage of schools that received gardening materials.
- Update EI Materials policies to include missing language related to using electronic methods of communication with an EI if the EI has provided an email address to the PCCM-E and has not requested to not receive electronic methods of communication.
- Ensure that all planned health education activities, along with implementation dates, are provided to the Agency and that their policies indicate they are at a frequency and format determined by the Agency.
- Ensure that language related to the Agency or State standards for website structure, coding, and presentation is incorporated into their policies and procedures.
- Ensure that language related to approval of website content, and that this content is accurate, current, and designed in a way that EIs and providers can easily locate information, is incorporated into their policies and procedures.
- Incorporate language into HIMS policies that reflects the requirement that failure to input maternity data and/or care coordination documentation for each EI with a 95% accuracy rate into the Health Information System/Database will result in sanctions.
- Ensure the reporting extract requirement is added to their HIMS policy.
- Revise its complaints and grievances policy and procedure to reflect the activities outlined in the requirement pertaining to corrective action plans.

Timeliness

The Timeliness domain includes findings from the SPR Grievance domain.

Systems Performance Review

Of the six standards reviewed for Grievances, five standards were fully compliant, and one was partially compliant. This partially compliant standard was not related to timeliness, but rather quality, and is reflected above.

There are currently no recommendations in the domain of Timeliness.

Access

The Access domain includes findings from three of the eight SPR domains; Care Coordination, Enrollment/Disenrollment and Provider Participation.

Systems Performance Review

ACN Southeast received a designation of full compliance for Enrollment/Disenrollment and Provider Participation. The ACHN received a designation of partial compliance for Care Coordination:

- Of the 134 care coordination standards that were reviewed, 124 were fully compliant and 10 were partially compliant. The following details findings from the review of the partially compliant standards:
 - There is no documentation that conveys that a certified letter informing EIs of care coordination service will be sent to members. This will not be a requirement going forward; thus, there is no corresponding recommendation.
 - Two files demonstrated that the EI's risk level was not assessed within the contractually mandated timeframe.
 - Two files did not demonstrate medication reconciliation, while one file was also missing a PHQ and substance abuse screen.
 - Two files did not demonstrate high-risk face-to-face postpartum visit. Furthermore, four files did not demonstrate follow-up visits in the second/third trimester.
 - One file did not contain evidence that a maternal health screening was conducted within five business days of contact with EI.
 - Six files did not meet the requirement that the care plan be patient-/caregiver-centered with a team approach.
 - One file did not contain evidence that the EI had a delivery visit.
 - One file did not demonstrate counseling on contraception and family planning services, and two files did not demonstrate counseling on appropriate postpartum care.

- Two files did not contain evidence of a complete medication list used during the EI interview of the Health Risk and Psychosocial Assessment.

In the domain of Access, IPRO recommends that ACN Southeast:

- Ensure that risk assessments are conducted within the contractually mandated timeframes.
- Ensure that additional assessments (related to PHQ, substance abuse screening, etc.) are conducted appropriately for each EI according to contract requirements.
- Ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for EIs.
- Ensure that maternal health screenings are conducted in a timely manner.
- Ensure that all aspects of an EI's medical history are addressed to inform a thorough, patient-/caregiver-centered care plan.
- Ensure that EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.
- Ensure that counseling on contraception and family planning services, and appropriate postpartum care, is conducted appropriately for maternal health care coordination.
- Ensure that a complete medication list is included in each EI's record.

Gulf Coast Total Care

Quality

The Quality domain encompasses QIP activities and findings from five of the eight SPR domains: EI Materials, EI Rights, Grievances, HIMS, and Quality Management.

Quality Improvement Projects

In 2019, Gulf Coast Total Care (GCTC) submitted proposals for three QIP topics: Adverse Birth Outcomes, Childhood Obesity, and Substance Use Disorder. To address adverse birth outcomes, GCTC is targeting EIs with a critical risk, which they defined as an individual with a previous pre-term birth and/or a diagnosis of hypertension or diabetes. The ACHN is utilizing the assessment carried out by the maternity care coordinator. The care coordinator then confirms EI self-reporting with DHCP records and Alabama Medicaid claims data. Once EIs are identified, GCTC focuses their efforts around bio-monitoring and enrollment of EIs into the Today's Mom program. Intervention tracking measures demonstrate an opportunity to improve EI compliance with bio-monitoring (all EIs that were identified as critical risk agreed to bio-monitoring; however, only 19% on average were compliant at least 50% of the time). For childhood obesity, the ACHN is targeting EIs 7–11 years of age diagnosed as overweight or obese. The ACHN has evaluated the percentage of children in the southwest region with their BMI assessed who also had an overweight/obese diagnosis to determine the extent of the public health issue. Of those identified, GCTC has proposed to work with PCPs to refer these EIs to care coordination, and then track the percentage that enrolled in care coordination and became involved in the 14,000 Step Challenge (including a pedometer and tracking chart provided by GCTC) or Teen Cuisine program (a cooking and nutrition education curriculum available through the Alabama Cooperative Extension System). Furthermore, the ACHN seeks to support and assist PCPs in contacting and scheduling appointments for EIs 7–11 years of age that are due or past due for an annual PCP visit. Intervention tracking measures for this project have not been reported by the entity to date, given the changes that were made to the scope of this project and to the interventions; however, it is expected that they will, going forward. Lastly, for their substance use disorder project, GCTC is focusing its efforts on EIs with a new episode of alcohol or other drug use (AOD), specifically opioid related, and EIs with their first Medication Assisted Treatment (MAT) prescription fill. The ACHN has developed a procedure where a certified recovery support specialist (CRSS) will perform outreach within 24 hours of receipt of referral to EIs that have a new episode of AOD or have received their first MAT prescription. The CRSS will assist EIs in enrolling in care coordination and completing a placement assessment. Further, the CRSS will assist EIs with accessing outpatient treatment through barrier assessment and support. GCTC is also conducting educational outreach to PCPs to improve their comfort level in managing EIs with AOD. Intervention tracking measures have not been reported by the entity to date; however, it is expected that they will, going forward.

Systems Performance Review

GCTC received a designation of full compliance for EI Rights. The ACHN received a designation of partial compliance for EI Materials, Grievances, HIMS, and Quality Management:

- Of the 45 EI Materials standards that were reviewed, 41 were fully compliant, 2 were partially compliant, and 2 were non-compliant. The following details findings from the review of the partially and non-compliant standards:
 - GCTC documentation does not address the requirement of implementing education activities at a frequency and in a format determined by the Agency.
 - Some requirements regarding situations when the PCCM-E may use electronic communication are not found within GCTC's EI Materials policies.
 - The requirement that states "If the Agency determines that the PCCM-E's web presence will be incorporated to any degree to the Agency's or the State's web presence, the PCCM-E must conform to any applicable Agency or State standard for website structure, coding, and presentation" is not addressed on the GCTC website or within their policies/procedures.
 - The requirement regarding accurate/current website content, and for it to be approved in advance by the Agency, was not found within GCTC policies.
- Of the six Grievance standards that were reviewed, five were fully compliant and one was partially compliant. The following details findings from the review of the partially compliant standard:
 - Language related to the following requirement was not found within GCTC's grievances policies: "A summary and, if necessary, a request for a corrective action plan (CAP) will be sent from the Agency for all complaints reported within thirty (30) Calendar Days of the request for the summary or CAP."
- Of the 11 HIMS standards that were reviewed, 9 were fully compliant and 2 were partially compliant. The following details findings from the review of the partially compliant standards:
 - Language regarding sanctions if 95% accuracy rate of maternity data and care coordination documentation into the Health Information System/Database is not demonstrated is not reflected in GCTC's HIMS policies.
 - The requirement that the HIMS must provide the Agency with a monthly extract of data in the format prescribed by the Agency is not evident within GCTC's policies.
- Of the 42 Quality Management standards that were reviewed, 41 were fully compliant and 1 was partially compliant. The following details findings from the review of the partially compliant standard:
 - Documentation related to provider participation in the Medical Management meetings does not convey if all providers in GCTC's network have met the participation requirement.

In the domain of quality, IPRO recommends that Gulf Coast Total Care:

- Conduct root-cause analysis to identify barriers to EI compliance with bio-monitoring.
- Capture intervention tracking measures for each intervention across the Childhood Obesity and Substance Use Disorder QIPs.
- Ensure that all planned health education activities, along with implementation dates, are provided to the Agency and that their policies indicate they are at a frequency and format determined by the Agency.
- Update EI Materials policy to include language related to the requirement about the use of electronic methods of communication (specifically, only if EI has provided an email address and has not requested to no longer receive electronic communication, if the EI has requested or approved electronic transmittal, or if all HIPAA requirements are satisfied with respect to PHI).
- Ensure their policy is updated to reflect language that "If the Agency determines that the PCCM-E's web presence will be incorporated to any degree to the Agency's or the State's web presence, the PCCM-E must conform to any applicable Agency or State standard for website structure, coding, and presentation."
- Update policies to ensure language related to website content is included (specifically, how content must be approved in advance by the Agency, and is to be accurate, current, and designed so that EIs and Providers may easily locate all relevant information. If directed by the Agency, the PCCM-E must establish appropriate links on the PCCM-E's website that direct users back to the Agency's website).
- Revise its complaints and grievances policy and procedure to reflect the activities outlined in the requirement pertaining to corrective action plans.
- Incorporate language into HIMS policies reflecting the requirement that failure to input maternity data and/or care coordination documentation for each EI with a 95% accuracy rate into the Health Information System/Database will result in sanctions.

- Add the reporting extract requirement to their HIMS policy.
- Develop a roster for provider participation in the Medical Management meetings, to ensure active participation requirements are being met.

Timeliness

The Timeliness domain includes findings from the SPR Grievance domain.

Systems Performance Review

Of the six standards reviewed for Grievances, five standards were fully compliant, and one was partially compliant. This partially compliant standard was not related to Timeliness, but rather Quality, and is reflected above.

There are no current recommendations in the domain Timeliness.

Access

The access domain includes findings from three of the eight SPR domains; Care Coordination, Enrollment/Disenrollment and Provider Participation.

Systems Performance Review

GCTC received a designation of full compliance for Enrollment/Disenrollment and Provider Participation. The ACHN received a designation of partial compliance for Care Coordination:

- Of the 134 care coordination standards that were reviewed, 125 were fully compliant, and 9 were partially compliant. The following details findings from the review of the partially compliant standards:
 - There is no documentation indicating that a certified letter informing EIs of care coordination service will be sent to members. This will not be a requirement going forward; thus, there is no corresponding recommendation.
 - Four requirements related to the multidisciplinary care team (MCT) were not evidenced within several (three) files that were reviewed as part of SPR.
 - One file did not contain evidence that consultation with the MCT occurred for an EI with a behavioral health issue.
 - One file did not include a maternal Health Risk and Psychosocial Assessment for the EI at the first face-to-face initial assessment.
 - Three files did not contain evidence that the care plan was patient-/caregiver-centered with a team approach.
 - Two files did not contain evidence of a delivery encounter.

In the domain of access, IPRO recommends that Gulf Coast Total Care:

- Ensure that the MCT meets regularly as the EI's risk stratification designates, is comprised of professionals from a variety of disciplines, has discussions focused on the EI's recovery and wellbeing, and documents meetings in detail.
- Ensure that the MCT continue to discuss and consult with applicable parties, and monitor behavioral health issues.
- Take into account all of the EI's risk factors and past health risks when conducting the initial assessment as they need to be included in the care plan.
- Review the EI's medical history and include documentation of this history in the care plan.
- Ensure that EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.

My Care Central

Quality

The Quality domain encompasses QIP activities and findings from five of the eight SPR domains: EI Materials, EI Rights, Grievances, HIMS, and Quality Management.

Quality Improvement Projects

In 2019, My Care Central submitted proposals for three QIP topics: Adverse Birth Outcomes, Childhood Obesity, and Substance Use Disorder. To address adverse birth outcomes, My Care Central has implemented an evidence-based sexual/reproductive health curriculum in a regional high school and has partnered with Baptist Health Family Medicine to ensure women's access to screening and other preventive health measures. For childhood obesity, the ACHN is taking

a preventive approach, targeting pregnant women and EIs 0–15 months of age. My Care Central has employed nurses to provide in-home breastfeeding education and support, improve early prenatal access to WIC, and provide education on the importance of the well-child visit in the first 15 months of life. Lastly, for their substance use disorder project, My Care Central is targeting all EIs with a substance use disorder diagnosis to connect them with peer support specialists and improve their access to treatment. The ACHN is working to increase the ability of a mental health professional to initiate treatment by providing Adult Placement Assessments (APAs) in the targeted region, and connecting EIs with transportation and other services offered by peer support specialists. Intervention tracking measures show that a very low percentage of EIs with a substance use disorder diagnosis initiate treatment.

Systems Performance Review

My Care Central received a designation of full compliance for EI Materials, EI Rights, and Grievances. The ACHN received a designation of partial compliance for HIMS and Quality Management:

- Of the 11 HIMS standards that were reviewed, 10 were fully compliant and 1 was partially compliant. The following details findings from the review of the partially compliant standards:
 - My Care Central policies do not indicate that the EI has the right to use any hospital or other setting for emergency care.
- Of the 42 Quality Management standards that were reviewed, 41 were fully compliant and 1 was partially compliant. The following details findings from the review of the partially compliant standard:
 - While a monthly/quarterly provider participation report template was submitted as evidence of participation in the Medical Management meetings, it was not populated; thus, it is not possible to tell whether all providers had adequate representation at these meetings.

In the domain of Quality, IPRO recommends that My Care Central:

- Conduct root-cause analysis to uncover why so few EIs with a diagnosis of substance use disorder are initiating treatment.
- Add the EI right to use any hospital or other setting for emergency care to their policies, and ensure it is expressed to EIs through written materials.
- Ensure that provider participation is logged throughout the year so that participation in at least two quarterly meetings and one exercise with the Network Medical Director is evidenced.

Timeliness

The Timeliness domain includes findings from the SPR Grievance domain.

Systems Performance Review

Of the six standards reviewed for Grievances, all six were fully compliant. There are no current recommendations in the domain of timeliness.

Access

The Access domain includes findings from three of the eight SPR domains; Care Coordination, Enrollment/Disenrollment and Provider Participation.

Systems Performance Review

My Care Central received a designation of full compliance for Enrollment/Disenrollment and Provider Participation. The ACHN received a designation of partial compliance for Care Coordination:

- Of the 134 care coordination standards that were reviewed, 122 were fully compliant, and 12 were partially compliant. The following details findings from the review of the partially compliant standards:
 - The Care Plan Policy outlines how to develop and implement a care plan with specific EI-centered goals; however, the Care Plan Policy does not specifically address catastrophic or severe illness.
 - The following requirement was not comprehensively addressed within My Care Central's policies: "The PCCM-E will implement a program approved by the Agency to integrate and manage all maternal health Care Coordination including family planning, interconception care, prenatal care, and postnatal care."
 - The following requirement was not comprehensively addressed within My Care Central's policies: "The PCCM-E must advise all DHCPs and include language in the ACHN DHCP Participation Agreement of the requirement for

Pregnant Women to participate in the network for maternity Care Coordination for the Agency to consider the EI's maternity care a covered service."

- The following requirement is not reflected in materials provided to EIs: "EIs must be allowed to change a DHCP once without cause within the first ninety (90) Calendar Days of selecting a DHCP and at any time for just cause, which is defined as a valid complaint submitted orally or in writing to the PCCM-E."
- The following requirement is not reflected in materials provided to EIs: "The PCCM-E must inform the EI of the EI's rights to change DHCPs, with and without cause at the initial contact and at least once per year."
- Materials communicating EI rights and responsibilities and appropriate telephone numbers were provided only verbally to EIs upon initial contact.
- Four files did not demonstrate that risk assessments took place during the required timeframe.
- One file did not contain evidence that the MCT met quarterly as required due to the risk level of the EI.
- Four files did not contain evidence of a face-to-face postpartum visit, and two files did not contain evidence of a follow-up visit in the second/third trimester.
- Two files demonstrated that EI-specific risks were not contained within the care plan.
- Five files did not contain evidence of a delivery visit or missed delivery visit within the required 20 calendar days.
- One file did not contain a medication list.

In the domain of access, IPRO recommends that My Care Central:

- Add language to their Care Plan Policy that incorporates processes to support Care Coordination for EIs, specifically with regard to reducing the potential for risks of catastrophic or severe illness.
- Incorporate language within their policies related to maternal health Care Coordination including family planning, interconception care, prenatal care, and postnatal care.
- Incorporate language within their policies related to the requirement that states "The PCCM-E must advise all DHCPs and include language in the ACHN DHCP Participation Agreement of the requirement for Pregnant Women to participate in the network for maternity Care Coordination for the Agency to consider the EI's maternity care a covered service."
- Add the following language to EI-facing materials: "EIs must be allowed to change a DHCP once without cause within the first ninety (90) Calendar Days of selecting a DHCP and at any time for just cause, which is defined as a valid complaint submitted orally or in writing to the PCCM-E."
- Ensure that evidence is provided of communicating (verbally and with written materials) to EIs that it is their right to change DHCPs, with and without cause at the initial contact and at least once per year.
- Ensure that materials communicating EI rights and responsibilities and appropriate telephone numbers are provided to EIs upon initial contact.
- Ensure that all risk assessments are conducted within the contractually-required timeframe.
- Ensure that the MCT is meeting within the required timeframes.
- Ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for EIs.
- Ensure care plans are addressing EI-specific risks in the care plan, and are patient/caregiver centered with a team approach.
- Ensure that EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.
- Ensure that all necessary documentation (the medication list in particular) is included in an EI's record to ensure proper care coordination.

My Care East

Quality

The Quality domain encompasses QIP activities and findings from five of the eight SPR domains: EI Materials, EI Rights, Grievances, HIMS, and Quality Management.

Quality Improvement Projects

In 2019, My Care East submitted proposals for three QIP topics: Adverse Birth Outcomes, Childhood Obesity, and Substance Use Disorder. My Care East is focusing on smoking cessation and EI compliance with prenatal and postpartum

visits in order to mitigate adverse birth outcomes. The ACHN is increasing support, resources and education through incentivizing EIs to complete a smoking cessation program through the mobile app Quit Genius. In order to bolster prenatal and postpartum care, My Care East initiated an incentive program, which rewards EIs with gift cards if they attend a prenatal care appointment in the first trimester, and/or a postpartum care appointment 21–56 days following delivery. While 100% of DHCPs were educated about My Care East’s incentive program, less than 20% of EIs collected their gift card for a prenatal visit in the first trimester or a postpartum visit in the 21–56 days following delivery; however, there has been quarter-to-quarter improvement in this effort. For childhood obesity, the ACHN is targeting three high-risk engaged pediatric practices, as well as two Title I schools, in order to mitigate childhood obesity. My Care East is providing incentives for EIs that attend well-child visits and participate in nutrition and physical activity counseling, implementing the Healthy Eating and Acting Living (HEAL) Program in physical education classes for the two selected Title I schools in My Care East’s region, and partnering with the University of Alabama (UAB) to provide registered dietitians to offer telehealth counseling sessions to children 6–12 years of age with a BMI > 85th percentile. Intervention tracking measures indicate 100% of targeted pediatric providers received education about the well-child visit incentives for EIs. The percentage of EIs that attended their well-child visit over the first year of the project remained relatively constant; however, the percentage of EIs that collected their incentive gift card steadily increased. Lastly, for their substance use disorder project, My Care East is targeting all EIs with a substance use disorder diagnosis to connect them with peer support specialists and improve their access to treatment. The ACHN has implemented the use of peer support specialists in partnership with Recovery Outreach and Support Services (ROSS), implemented the use of My Care East master’s-level social workers (MSWs) to conduct timely APAs to improve entry into substance treatment facilities after detox, and plans to establish a substance use disorder task force to improve community capacity to identify and connect recipients to substance use resources. Intervention tracking measures indicate that an increasing percentage of EIs with an active SUD diagnosis have been connected with peer support, and have been connected to the ROSS helpline. Furthermore, tracking measures demonstrate that 100% of MSWs have been trained to conduct the APAs and all EIs with MSW-completed APA have entered into an SUD treatment center.

Systems Performance Review

My Care East received a designation of full compliance for EI Materials, EI Rights, and Grievances. The ACHN received a designation of partial compliance for HIMS and Quality Management:

- Of the 11 HIMS standards that were reviewed, 10 were fully compliant and 1 was partially compliant. The following details findings from the review of the partially compliant standards:
 - My Care East policies do not indicate that the EI has the right to use any hospital or other setting for emergency care.
- Of the 42 Quality Management standards that were reviewed, 41 were fully compliant and 1 was partially compliant. The following details findings from the review of the partially compliant standard:
 - It is unclear from the Medical Management meeting minutes and monthly/quarterly provider participation reports whether all My Care East providers had adequate representation at the Medical Management meetings.

In the domain of quality, IPRO recommends that My Care East:

- Add the EI right to use any hospital or other setting for emergency care to their policies and ensure it is expressed to EIs through written materials.
- Continue to work with providers to educate them on the requirements related to active participation, as well as how attendance in the Medical Management meetings affects the quality bonus or provider participation rates, in order to ensure active participation status is met for all providers.

Timeliness

The Timeliness domain includes findings from the SPR Grievance domain.

Systems Performance Review

Of the 6 standards reviewed for Grievances, all 6 standards were fully compliant.

There are no current recommendations in the domain of timeliness.

Access

The Access domain includes findings from three of the eight SPR domains; Care Coordination, Enrollment/Disenrollment and Provider Participation.

Systems Performance Review

My Care East received a designation of full compliance for Enrollment/Disenrollment and Provider Participation. The ACHN received a designation of partial compliance for Care Coordination:

- Of the 134 care coordination standards that were reviewed, 109 were fully compliant and 25 were partially compliant. The following details findings from the review of the partially compliant standards:
 - The Care Plan Policy outlines how to develop and implement a care plan with specific EI-centered goals; however, this policy does not specifically address catastrophic or severe illness.
 - My Care East's policies do not fully express the requirement related to the implementation of a program to integrate and manage all maternal health Care Coordination including family planning, interconception care, prenatal care, and postnatal care.
 - The following requirement is not referenced in its entirety within My Care East's documentation: "The PCCM-E must advise all DHCPs and include language in the ACHN DHCP Participation Agreement of the requirement for Pregnant Women to participate in the network for maternity Care Coordination for the Agency to consider the EI's maternity care a covered service."
 - My Care East provides verbal notification of the EI's right to change a DHCP once without case in the first 90 days of selection and at any time for just cause (defined as a valid complaint submitted orally or in writing to the PCCM-E); however, materials communicating this right are not provided to the EI. Furthermore, the related requirement that the PCCM-E must inform the EI of this right at initial contact and at least once per year should also be evidenced within My Care East documentation.
 - Materials communicating EI rights and responsibilities and appropriate telephone numbers were provided to EIs only verbally upon initial contact.
 - One file demonstrated that the risk assessment was not performed within the required 90 day time period.
 - One file did not contain evidence of the MCT meeting. This resulted in a review determination of "Partial" for four separate standards that were evaluated as part of SPR.
 - One file had a risk assessment that did not take place within the required 10 calendar days of discharge.
 - One file demonstrated that medication reconciliation took place after the required 10 calendar days from discharge, and another did not contain evidence of medication reconciliation at all.
 - One file demonstrated that medical management education was not provided to the EI within the required 10 calendar-days from discharge.
 - Two files were applicable for a high-risk face-to-face postpartum visit, but only one of the two files had documentation of this visit. Nine files were eligible for a follow-up visit in the second/third trimester; however, four of these files did not have evidence of this follow-up visit.
 - One file demonstrated that there was a delivery visit with no risk assessment or care plan, with sparse documentation.
 - With regard to the maternal health screening within 5 business days of contact with the EI, two files did not meet the required timeframe and one file did not contain evidence of this screening.
 - One file did not contain evidence of a Maternal Health Risk and Psychosocial Assessment at the first face-to-face initial assessment.
 - One file did not contain evidence of a maternal health care plan.
 - Two files did not include EI-specific risks in care planning, and one file did not have a care plan at all.
 - One file demonstrated a delivery visit with no coordination with the EI's PCP.
 - Fourteen files were applicable for a delivery encounter; however, only thirteen of these files had a delivery visit or missed delivery visit within 20 calendar days.
 - One file did not contain evidence of Counseling on contraception and family planning services, and counseling on appropriate postpartum care.
 - One file had an incomplete medication list, as it was missing the discharge instruction, prescription fill history, and the PCP chart.

In the domain of Access, IPRO recommends that My Care East:

- Add language to their Care Plan Policy that incorporates processes to support Care Coordination for EIs, specifically with regard to reducing the potential for risks of catastrophic or severe illness.

- Develop language within policies to comprehensively address the requirement related to the implementation of a program to integrate and manage all maternal health Care Coordination, including family planning, interconception care, prenatal care, and postnatal care.
- Add language to policies that fully captures the following requirement: “The PCCM-E must advise all DHCPs and include language in the ACHN DHCP Participation Agreement of the requirement for Pregnant Women to participate in the network for maternity Care Coordination for the Agency to consider the EI’s maternity care a covered service.”
- Ensure that an EI’s right to change a DHCP once without cause in the first 90 days of selection and at any time for just cause (defined as a valid complaint submitted orally or in writing to the PCCM-E) is conveyed in written format to EI (within EI materials and/or on My Care East website). Furthermore, the related requirement that the PCCM-E must inform the EI of this right at initial contact and at least once per year should also be evidenced within My Care East documentation.
- Ensure that materials communicating EI rights and responsibilities and appropriate telephone numbers are provided to EIs upon initial contact.
- Ensure that all risk assessments are conducted within the designated 90-day time period.
- Ensure that an MCT is established for every EI in active care in order to ensure successful care coordination.
- Ensure that all post-hospitalization risk assessments are conducted within the required timeframe of 10 calendar days, to ensure appropriate home-based support and services are available.
- Ensure that medication reconciliation is conducted at discharge to facilitate proper transitional care, and that designated timeframes are observed.
- Ensure that required timeframes for providing EIs with medical management education post-discharge are observed in order to ensure successful transitional care.
- Ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for EIs.
- Ensure that there is a system in place to identify EIs with missing assessments and care plans, as these are critical for successful care. Additionally, documentation should be included in every EI’s file to justify risk ratings.
- Ensure that there is a system in place to identify EIs missing maternal health screenings in order to conduct them as expediently as possible. Required timeframes also need to be observed for the execution of the screening.
- Implement a system to identify EIs with missing maternal health risk assessments and missing maternal health care plans.
- Ensure that there is a system in place to identify EIs with missing care plans, and ensure that the care plans address all EI needs and EI-specific risks.
- Include the PCP in the creation of EI care plans.
- Ensure that EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.
- Ensure that counseling (on contraception and family planning services and appropriate postpartum care) is provided to EIs, and if there are communication issues, these need to be documented within the record.
- Attempt to obtain full documentation related to the medication list; however, if issues arise ensure, they are documented in the EI’s record.

My Care Northwest

Quality

The Quality domain encompasses QIP activities and findings from five of the eight SPR domains: EI Materials, EI Rights, Grievances, HIMS, and Quality Management.

Quality Improvement Projects

In 2019, My Care Northwest submitted proposals for three QIP topics: Adverse Birth Outcomes, Childhood Obesity, and Substance Use Disorder. To address adverse birth outcomes, My Care Northwest is targeting pregnant EIs as well as women of childbearing age to improve receipt of prenatal/postpartum care and contraception use, respectively. The ACHN has collaborated with Nurse Family Partnership to provide education to EIs regarding the importance of prenatal and postpartum visits. Given that face-to-face discussion has not always been possible due to the restrictions posed by COVID-19, the ACHN has pivoted towards providing handouts to members to educate them on prenatal/postpartum

visits as well as the various types of contraceptive methods. Intervention tracking measures indicate that the majority of pregnant EIs have received education regarding prenatal care visits, and all have been educated about postpartum visits and contraception use. Tracking measures also demonstrate that the usage of long acting reversible contraception (LARC) has increased for adult EIs between October and November of 2020; however, usage has declined for teenagers.

For childhood obesity, the ACHN is targeting children, community agencies, and providers to provide EIs with education regarding changing their diets to incorporate healthy food selections and being more active. The ACHN has partnered with the Auburn Extension Office to provide nutritional classes via Zoom, and has made it part of their procedure to identify EIs with a past-due well-child visit and assist with scheduling an appointment with their PCP. Further, My Care Northwest will have their registered dietician work with community agencies to improve knowledge of available community resources, develop a “cheat sheet” for providers to assist them with coding BMI correctly, and partner with Alabama Cooperative Extension Office to provide education to improve healthy eating habits and encourage middle school children to become more active. Intervention tracking measures demonstrate the need for increased participation into the nutritional classes, as well as well-child visits. Intervention tracking measures have not been collected for the interventions that started later in the project year, but it is expected that the ACHN will provide them going forward. Lastly, for their substance use disorder project, My Care Northwest has sought to increase the number of peer support specialists (PSSs) through a partnership with Recovery Organization of Support Specialists (ROSS), and has provided training to their masters-level social workers (MSWs) on how to complete the Adult Placement Assessments (APAs). Further, the ACHN has begun addressing the transportation barrier by having PSSs provide this service to EIs. The only tracking measure that has been evaluated to date is the percentage of EIs who were connected with PSS to assist with treatment. It is expected that My Care Northwest will provide tracking measures for each intervention going forward.

Systems Performance Review

My Care Northwest received a designation of full compliance for EI Materials, EI Rights, and Grievances. The ACHN received a designation of partial compliance for HIMS and Quality Management:

- Of the 11 HIMS standards that were reviewed, 10 were fully compliant and 1 was partially compliant. The following details findings from the review of the partially compliant standards:
 - My Care Northwest policies do not indicate that the EI has the right to use any hospital or other setting for emergency care.
- Of the 42 Quality Management standards that were reviewed, 41 were fully compliant and 1 was partially compliant. The following details findings from the review of the partially compliant standard:
 - While a monthly/quarterly provider participation report template was submitted for the Medical Management meetings, it was not populated; thus, it is not possible to tell whether all providers had adequate representation at these meetings.

In the domain of Quality, IPRO recommends that My Care Northwest:

- Evaluate the key drivers of contraceptive use among teenagers to bolster the percentage of those that utilize contraception.
- Ensure intervention tracking measures are recorded for each intervention across quality improvement projects.
- Add the EI right to use any hospital or other setting for emergency care to their policies and ensure it is expressed to EIs through written materials.
- Ensure that provider participation is logged throughout the year so that participation in at least two quarterly meetings and one exercise with the Network Medical Director is evidenced.

Timeliness

The Timeliness domain includes findings from the SPR Grievance domain.

Systems Performance Review

Of the six standards reviewed for Grievances, all six standards were fully compliant. There are no current recommendations in the domain of Timeliness.

Access

The Access domain includes findings from three of the eight SPR domains; Care Coordination, Enrollment/Disenrollment and Provider Participation.

Systems Performance Review

My Care Northwest received a designation of full compliance for Enrollment/Disenrollment and Provider Participation.

The ACHN received a designation of partial compliance for Care Coordination:

- Of the 134 care coordination standards that were reviewed, 118 were fully compliant, and 16 were partially compliant. The following details findings from the review of the partially compliant standards:
 - The Care Plan Policy outlines how to develop and implement a care plan with specific EI-centered goals; however, this policy does not specifically address catastrophic or severe illness.
 - Two files (family planning cases) did not contain evidence of a health risk screening.
 - Two files did not demonstrate that the risk assessment was completed every 90 days, as required by the Agency's contract with ACHNs.
 - Three files did not demonstrate that MCT meetings were conducted according to the schedule stipulated in the contract.
 - My Care Northwest's policies do not fully express the requirement related to the implementation of a program to integrate and manage all maternal health Care Coordination including family planning, interconception care, prenatal care, and postnatal care.
 - The following requirement is not fully expressed in My Care Northwest's policies: "The PCCM-E must advise all DHCPs and include language in the ACHN DHCP Participation Agreement of the requirement for Pregnant Women to participate in the network for maternity Care Coordination for the Agency to consider the EI's maternity care a covered service."
 - Four files did not have evidence of a high risk postpartum encounter, and two files did not contain evidence of a follow-up visit in the second/third trimester.
 - One file did not contain evidence that the maternal care plan was initiated and completed within the required timeframe of 7 days of the initial encounter.
 - Five files did not contain evidence that the care plan was patient-/caregiver-centered with a team approach.
 - One file did not include PCPs/community agencies as appropriate in the care plan.
 - One file did not have notation of whether the EI received prenatal care, and so it could not be determined if newborn care coordination was required. One file did not have a delivery visit or missed delivery encounter within 20 calendar days.
 - Two files did not contain evidence of postpartum care counseling.
 - Two files did not contain evidence of a medication list.
 - My Care Northwest provides verbal notification of the EI's right to change a DHCP once without case in the first 90 days of selection and at any time for just cause (defined as a valid complaint submitted orally or in writing to the PCCM-E); however, materials communicating this right are not provided to the EI. Furthermore, the related requirement that the PCCM-E must inform the EI of this right at initial contact and at least once per year should also be evidenced within My Care Northwest documentation.
 - Materials communicating EI rights and responsibilities and appropriate telephone numbers were provided only verbally to EIs upon initial contact.

In the domain of Access, IPRO recommends that My Care Northwest:

- Conduct root cause analysis to understand the decline in use of contraception among teenagers.
- Add language to their Care Plan Policy that incorporates processes to support Care Coordination for EIs, specifically with regard to reducing the potential for risks of catastrophic or severe illness
- Ensure that all required health risk screenings and assessments are conducted for each EI, and they take place during the required time period. Any difficulties contacting the EI should be documented in the record.
- Ensure that the MCT meets within the required timeframes as outlined in the contract.
- Ensure that all EI needs are addressed to inform a thorough care plan that is patient/caregiver centered with a team approach.

- Develop language within policies to comprehensively address the requirement related to the implementation of a program to integrate and manage all maternal health Care Coordination including family planning, interconception care, prenatal care, and postnatal care.
- Develop language within policies to comprehensively address the following requirement: “The PCCM-E must advise all DHCPs and include language in the ACHN DHCP Participation Agreement of the requirement for Pregnant Women to participate in the network for maternity Care Coordination for the Agency to consider the EI’s maternity care a covered service.”
- Ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for EIs.
- Ensure that maternal care plans are executed in the required timeframe as outlined in the contract.
- Include PCP and community agencies in care plan creation and implementation process.
- Ensure that newborn care coordination is conducted for all EIs with a newborn delivery who did not receive prenatal care. EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.
- Ensure that postpartum care counseling is conducted appropriately for maternal care coordination.
- Ensure that the Medication List is included within the EI’s record to enhance drug use information gathering.
- Ensure that an EI’s right to change a DHCP once without cause in the first 90 days of selection and at any time for just cause (defined as a valid complaint submitted orally or in writing to the PCCM-E) is conveyed in written format to EI (within EI materials and/or on My Care Northwest website). Further, the related requirement that the PCCM-E must inform the EI of this right at initial contact and at least once per year should also be evidenced within My Care Northwest documentation.
- Ensure that materials communicating EI rights and responsibilities and appropriate telephone numbers are provided to EIs upon initial contact.

North Alabama Community Care

Quality

The Quality domain encompasses QIP activities and findings from five of the eight SPR domains: EI Materials, EI Rights, Grievances, HIMS, and Quality Management.

Quality Improvement Projects

In 2019, North Alabama Community Care (NACC) submitted proposals for three QIP topics: Adverse Birth Outcomes, Childhood Obesity, and Substance Use Disorder. NACC is focusing their efforts on EIs with a BMI greater than or equal to 30.0 in order to mitigate poor birth outcomes. The ACHN has developed interventions that target the identification of EIs who fail their glucose tolerance test (GTT) or who have a BMI greater than or equal to 30.0 at their initial prenatal visit. The ACHN then provides education about physical activity, smoking cessation and breastfeeding, and enrollment into Plan First Services. Intervention tracking measures demonstrate that NACC has been successful in nutrition counseling, as well as mitigating excessive weight gain during pregnancy in those with a high BMI. The ACHN was also effective in helping to facilitate smoking cessation in the two pregnant EIs that were identified. For childhood obesity, the ACHN is targeting EIs 3–6 years of age, as well as pregnant EIs. NACC has begun educating PCPs and pediatricians on the correct collection and reporting of BMI, and requesting from these providers referrals to NACC counseling for EIs 3–6 years of age with a BMI between 85% and 94%. Case Management assesses these EIs for readiness for change, and group sessions that focus on child nutrition, increasing physical activity, and reducing screen time are made available. Furthermore, the ACHN has begun to distribute food boxes to EIs. NACC’s intervention targeting pregnant women focuses on Maternity Care Coordinators providing education about the benefits of breastfeeding with first time pregnant EIs, and then these EIs are offered coordination with local lactation support services. Intervention tracking measures demonstrate that the percentage of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) claims for EIs ages 3–6 with BMI classification diagnosis codes has steadily increased since the inception of the project. Data that have been reported are limited for the tracking measures that assess the other interventions; however, it is expected that NACC will provide these going forward. Lastly, for their substance use disorder project, NACC is targeting EIs 13 years of age and older with a diagnosis of substance use disorder, as well as providers, to improve access to treatment and recovery services. The ACHN has initiated provider group training sessions via GoTo Meeting (to educate on the referral process to identify EIs in need of brief intervention for SUD). The brief intervention is completed by NACC staff

to educate on the consequences of substance use and encourage healthy lifestyle choices. Further targeting providers, the ACHN has implemented an incentive program to promote MAT certification. Lastly, NACC has coordinated with ROSS to address the support needs of EIs with SUD and complete referrals to residential facilities for treatment. Intervention tracking measures are not available to date, due to the changes in the project due to COVID-19 restrictions. It is expected that NACC will provide these measures going forward, and they will be reviewed to assess intervention progress and provide additional insight into potential gaps in care.

Systems Performance Review

NACC received a designation of full compliance for EI Rights and Grievances. The ACHN received a designation of partial compliance for EI Materials, HIMS, and Quality Management:

- Of the 45 EI Materials standards that were reviewed, 43 were fully compliant and 2 were partially compliant. The following details findings from the review of the partially compliant standards:
 - The ACHN's Proposed Health Education Activities Tool does not include verbiage related to "targeted implementation dates at a frequency and in a format determined by the Agency."
 - The following is not expressed in NACC's policies related to when electronic methods of communication with an EI can be used: The EI has provided an email address to the PCCM-E and has not requested to no longer receive electronic methods of communication; and language and alternative format accommodations are available.
- Of the 11 HIMS standards that were reviewed, 10 were fully compliant and 1 was partially compliant. The following details findings from the review of the partially compliant standards:
 - The requirement related to the accuracy rate at which maternity data and/or care coordination documentation are entered into the HIMS/database, and how falling short of this rate could result in sanctions, is not found within NACC policies.
- Of the 42 Quality Management standards that were reviewed, 40 were fully compliant and 2 were partially compliant. The following details findings from the review of the partially compliant standard:
 - Within the Quality Improvement Plan Evaluation, there is an opportunity to evaluate aspects of quality outside of the quality measures (e.g., chart audits, QIPs, data collection/HIMS, grievances, etc.).
 - Twenty-three unique practices out of 149 participating providers were not in compliance with the active participation requirements associated with attending the Medical Management meetings.

In the domain of Quality, IPRO recommends that North Alabama Community Care:

- Continue tracking their efforts around breastfeeding to see if the intervention is effective.
- Ensure intervention tracking measures are being captured and reported throughout the project period.
- Update documentation to include verbiage related to "targeted implementation dates (for planned health activities) at a frequency and in a format determined by the Agency."
- Update policies related to when electronic methods of communication with an EI can be used by including the following from contract requirements: The EI has provided an email address to the PCCM-E and has not requested to no longer receive electronic methods of communication, and language and alternative format accommodations are available.
- Update University of Alabama's RMEDE documents with the accuracy rate requirement, or add it to an internal NACC policy. NACC could also consider capturing their data validation process in a policy and procedure as another best practice.
- Evaluate aspects of quality outside of the quality measures within the Quality Improvement Plan Evaluation (e.g., chart audits, QIPs, data collection/HIMS, grievances, etc.).
- Continue their outreach efforts to providers to ensure they meet the minimum attendance requirements to achieve active participation status in Medical Management meetings.

Timeliness

The Timeliness domain includes findings from the SPR Grievance domain.

Systems Performance Review

Of the six standards reviewed for Grievances, all six standards were fully compliant. There are no current recommendations in the domain of Timeliness.

Access

The Access domain includes findings from three of the eight SPR domains; Care Coordination, Enrollment/Disenrollment and Provider Participation.

Systems Performance Review

NACC received a designation of full compliance for Enrollment/Disenrollment and Provider Participation. The ACHN received a designation of partial compliance for Care Coordination:

- Of the 134 care coordination standards that were reviewed, 116 were fully compliant, and 18 were partially compliant. The following details findings from the review of the partially compliant standards:
 - The Transitional Care Program Description includes reference to a review of hospital census reports once per week at a minimum, as opposed the daily review required by the contract.
 - One file did not demonstrate that the risk assessment was completed within the required timeframe.
 - Two files did not contain evidence of an MCT meeting (impacting four standards); NACC indicated this was due to the case being closed before the MCT could meet. These cases appeared to be prematurely closed.
 - One file did not contain evidence that the MCT was consulted regarding the EI's behavioral health issue.
 - One file did not contain a face-to-face Health Risk and Psychosocial Assessment within the required 10 calendar days of discharge.
 - One file did not contain evidence that medication reconciliation occurred within 10 calendar days of discharge.
 - One file did not contain evidence of education regarding medical management within 10 calendar days of discharge.
 - Four files did not contain evidence of a high-risk face-to-face postpartum visit, and two files did not have evidence of a follow-up visit in the second/third trimester.
 - One file did not contain evidence that a maternal health screening took place within the required 5 business days of contact with the EI.
 - Three files did not contain maternal health care plans.
 - Five files did not demonstrate that risks were fully addressed within the care plan.
 - One file indicated involvement from the Alabama Department of Human Resources; however, there was no coordination with this organization that was noted.
 - Five files did not contain evidence of a delivery visit or missing delivery visit within 20 calendar days.
 - One file did not contain evidence that counseling on contraception/family planning services and appropriate postpartum care took place (impacting two standards).

In the domain of Access, IPRO recommends that North Alabama Community Care:

- Update the Transitional Care Program Description to reflect the review of hospital census reports daily (as opposed to "once per week at a minimum").
- Ensure that risk assessments are conducted within the required timeframe, which could determine if goals have been met and if the case can be closed. Further, when an EI is unable to be reached, the entity should document all contact attempts to ensure due diligence is met.
- Ensure that closing of cases are warranted and fully reviewed before action, and that all outreach attempts are documented if communication with the EI is proving difficult. There is an opportunity to analyze how care plan goals are created, which would impact MCT involvement.
- Ensure that the MCT is consulted for all aspects of the EI's needs, including behavioral health, in order to fully integrate and coordinate care.
- Ensure that all face-to-face Health Risk and Psychosocial Assessments are conducted within 10 calendar days of discharge.
- Ensure that medication reconciliation occurs within 10 calendar days of discharge.
- Ensure that education regarding medical management is conducted within 10 calendar days of discharge.
- Ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for EIs.
- Ensure that maternal health screenings take place within the required 5 business days of contact with the EI.
- Train Care Coordinators to ensure execution of the creation of the care plan within the required timeframe.

- Follow-up with Care Coordinators that were retrained on how to appropriately document and address EI risks and review EI records to determine if the training was successful, and that records contain evidence that risks are being addressed in the care plan.
- Train staff to better detect when additional support from providers or outside agencies should be included in care planning.
- Ensure that EIs eligible for a delivery encounter receive a delivery visit or missed delivery visit within 20 calendar days.
- Ensure that counseling for contraception/family planning and postpartum care is conducted appropriately for maternal health care coordination.

Alabama Medicaid Program: Alabama Coordinated Health Network

The State of Alabama’s Medicaid program is administered through the Alabama Medicaid Agency (AMA). The Medicaid program provides healthcare coverage for approximately 957,000 individuals, with 757,000 of those individuals enrolled in the ACHN.

AMA was established in 1970. From 2013 to 2017, Alabama Medicaid transitioned to a full-risk managed care program through an 1115 waiver to implement regional care organizations (RCOs). This demonstration ended in 2017, and in 2019 the state went live with their 1915(b) waiver, which consolidated their previous programs (Patient 1st, Health Home, Maternity Care, and Plan First) into a single, region-specific program referred to as the ACHN.

The Patient 1st Program (launched in 2004) followed a traditional PCCM, wherein AMA contracted directly with physicians who had agreed to serve as primary medical providers, providing medical services directly or through a referral process. The Health Home Program (established regionally in 2012 and expanded statewide in 2015) relied on primary medical providers contracted with health homes to provide PCCM services to health home enrollees. The Maternity Care Program (established in 1988) was developed to address infant mortality and the lack of DHCPs. Plan First (implemented in 2002) was established to address the need for continued family planning services to individuals who would have otherwise lost eligibility, with services designed to reduce unintended pregnancies and improve the well-being of children and families. Women 19–55 years of age and men 21 years of age and older whose income was at or below 141% of the Federal Poverty Level (FPL) were eligible. It is anticipated that combining these programs (Patient 1st, Health Home, Maternity Care, and Plan First) will help improve care coordination efforts and health outcomes among Alabama’s Medicaid population.

Table 1 displays the seven ACHN entities and the counties within their regions.

Table 1: Alabama ACHN Entities and Counties

ACHN Entities	Counties
ACN Southeast	Chambers, Lee, Macon, Russell, Bullock, Barbour, Pike, Henry, Dale, Coffee, Covington, Geneva, Houston
ACN Mid-State	Jefferson, Shelby
Gulf Coast Total Care	Choctaw, Clarke, Monroe, Washington, Conecuh, Escambia, Baldwin, Mobile
My Care Central	Chilton, Perry, Autauga, Elmore, Dallas, Lowndes, Montgomery, Crenshaw, Butler, Wilcox, Marengo
My Care East	DeKalb, Cherokee, Etowah, Blount, Calhoun, Cleburne, St. Clair, Talladega, Clay, Randolph, Coosa, Tallapoosa
My Care Northwest	Lauderdale, Colbert, Lawrence, Franklin, Winston, Marion, Lamar, Fayette, Walker, Tuscaloosa, Pickens, Bibb, Hale, Greene, Sumter
North Alabama Community Care	Limestone, Madison, Jackson, Morgan, Marshall, Cullman

ACHN: Alabama Coordinated Health Network; ACH: Alabama Care Network.

ACHN participants include:

- General population: previous enrollees of Patient 1st (which included children not in foster care, parents or other caretakers, refugees, infants of SSI mothers, and aged/blind/disabled not on Medicare), and children in foster care.
- Maternity population: pregnant women.
- Plan First population: women 19–55 years of age and men 21 years of age and older, whose income is at or below 141% of the FPL.

Table 2 displays Medicaid enrollment across the seven regions as of December 2020.

Table 2: Medicaid Enrollment by ACHN Entity as of December 2020

ACHN Entity	Enrollment
ACN Mid-State	138,786
ACN Southeast	123,492
Gulf Coast Total Care	151,161
My Care Central	119,943
My Care East	122,717
My Care Northwest	116,588
North Alabama Community Care	125,340

ACHN: Alabama Coordinated Health Network; ACN: Alabama Care Network.

Alabama Quality Goals and Objectives

AMA developed the ACHN to better monitor, serve, and treat actively enrolled Medicaid participants, ultimately improving their quality of care. AMA has proposed to use the ACHN entities to foster and encourage innovation, improvement, and clinical transformation at the care delivery level. AMA believes that incentivizing change at the delivery system level will create the impetus for sustainable health reform and clinical transformation that will ultimately benefit all patients in the state.

AMA seeks to achieve the following goals under the ACHN program:

- Improve care coordination and reduce fragmentation in the state’s delivery system;
- Create aligned incentives to improve beneficiary clinical outcomes;
- Improve access to health care providers; and
- Reduce the rate of growth of Medicaid expenditures.

AMA anticipates that the ACHN program, and the care coordination activities that encompass it, will drive quality improvements and decrease the rate of expenditure growth for Medicaid in the long term. AMA expects these efforts to reduce costs related to preventable admissions, readmissions and emergency department (ED) utilization, and rationalize care delivery to the most efficient and appropriate care setting. In addition, AMA’s expectation is that ACHN entities will work to align all members with a PCP and will administer care coordination services for their members to ensure all EIs have a medical home while monitoring these EIs to improve health outcomes.

External Quality Review Activities

Over the course of 2020, IPRO conducted a systems performance review and a validation of QIPs. Each activity was conducted in accordance with CMS protocols. Details of how these activities were conducted are described in

Appendices A and B and address:

- objectives for conducting the activity,
- technical methods of data collection,
- descriptions of data obtained, and
- data aggregation and analysis.

Conclusions drawn from the data and recommendations related to access, timeliness and quality are presented in the **Executive Summary** section of this report.

Findings, Strengths and Recommendations with Conclusions Related to Health Care Quality, Timeliness and Access

Introduction

This section of the report addresses the findings from the assessment of the ACHN entities' strengths and areas for improvement related to quality, timeliness and access. The findings are detailed in each subpart of this section (i.e., Systems Performance Review and Validation of Quality Improvement Projects).

Systems Performance Review

This section of the report presents the results of the review by IPRO of the ACHN entities' compliance with regulatory standards and contract requirements for October 1, 2019–September 30, 2020. The review is based on information derived from IPRO's conduct of the annual SPR, which took place in December 2020. IPRO's assessment methodology is consistent with the protocols established by CMS and is described in detail in **Appendix A**.

A description of the content evaluated under each SPR domain follows:

- Care Coordination – The evaluation of care coordination includes, but is not limited to, a review of: policies and procedures for the entity's care coordination program (including general and maternity care); health-risk assessment development and data collection; and file review of care coordination records.
- EI Rights – The evaluation of EI rights includes, but is not limited to, a review of: policies and procedures for EI rights; selecting a PCP, DHCP, care coordinator, and community health care worker; and medical record requests and amendments.
- EI Materials – The evaluation of EI materials includes, but is not limited to, a review of: policies and procedures for EI materials; a review of the ACHN entity's website, sample EI communications and the accessibility to material in other languages; documentation of advance medical directives; and community resource guides distributed to EIs.
- Enrollment/Disenrollment – The evaluation of enrollment/disenrollment includes, but is not limited to, a review of: policies and procedures for enrollment, disenrollment, anti-discrimination; and review of the ACHN entity's website.
- Grievances – The evaluation of grievances includes, but is not limited to, a review of: policies and procedures for grievances; review of member grievances; ACHN entity program reports on grievances (such as the quarterly grievance log); and Quality Assurance Committee meeting minutes.
- HIMS – The evaluation of HIMS includes, but is not limited to, a review of: policies and procedures for HIMS; monitoring for accuracy; system demonstration; and EI services telephone line demonstration.
- Provider Participation – The evaluation of provider participation includes, but is not limited to, a review of: policies and procedures for participation agreements; and the requirements associated with active participation.
- Quality Management – The evaluation of quality management includes, but is not limited to, a review of: the Quality Improvement (QI) Program Description; Annual QI Evaluation; QI Work Plan; Quality Assurance Committee and Medical Management Committee structure and function, including meeting minutes; QIPs; and documentation related to performance measure results and follow-up.

Table 3 displays the 2020 SPR designations for each ACHN entity.

Table 3: Summary of 2020 SPR Findings

SPR Domain ¹	ACN Mid-State	ACN Southeast	GCTC	My Care Central	My Care East	My Care NW	NACC	Performance Domain(s)
Care Coordination 42 CFR 438.208 42 CFR 438.236	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Access
Provider Participation 42 CFR 438.214 42 CFR 438.206	Full	Full	Full	Full	Full	Full	Full	Access
Enrollment/Disenrollment 42 CFR 438.210 42 CFR 438.207	Full	Full	Full	Full	Full	Full	Full	Access
EI Materials 42 CFR 438.224	Partial	Partial	Partial	Full	Full	Full	Partial	Quality
EI Rights 42 CFR 438.224 42 CFR 438.206	Full	Full	Full ²	Full	Full	Full	Full	Quality
HIMS 42 CFR 438.242	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Quality
Quality Management 42 CFR 438.330	Full	Full	Partial	Partial	Partial	Partial	Partial	Quality
Grievances 42 CFR 438.228	Partial	Partial	Partial	Full ²	Full	Full ²	Full ²	Quality and Timeliness

¹ Measurement period: 10/1/19–9/30/20.

² SPR designation full with a recommendation.

SPR: systems performance review; ACN: Alabama Care Network; GCTC: Gulf Coast Total Care; NW: Northwest; NACC: North Alabama Community Care; EI: eligible individual; HIMS: health information management system.

For each ACHN entity, a description is provided below, including: content reviewed, current year findings and recommendations, and ACHN entity response and action plan. IPRO will assess the effectiveness of the ACHN entity actions during the next annual SPR.

ACN Mid-State

Care Coordination

A total of 134 standards were reviewed; 125 were fully compliant, and 9 were partially compliant. These partially compliant care coordination standards are presented in **Table 4**.

Table 4: ACN Mid-State Care Coordination Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
Once an EI who may need Care Coordination services is identified, contact must be attempted within five (5) Business Days of screening. At least three (3) attempts must be made within thirty (30) Calendar Days,	This requirement is partially addressed in the General Care Coordination Policy on page 2 and the Care Coordination Process on page 1; there is no documentation that the letter to be sent will be certified.	N/A – No recommendation noted due to change in contract requirement.

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
including a certified letter to explain and offer Care Coordination services.	<p>Additionally, during the interview portion of the review, ACN Mid-State confirmed that this letter was sent via standard mail and not certified.</p> <p>Regarding implementation, the samples provided of the chart audit tool and the attempted outreach screenshots met the requirement.</p> <p>Recommendation The entity was only partially compliant in addressing this requirement for the review period (October 1, 2019 – September 30, 2020); however, moving forward, the contract requirement does not mandate letters to be certified. Therefore, at this time, there is no recommendation.</p>	
Track EIs throughout pregnancy and postpartum periods.	<p>This requirement is addressed in the Provision for Maternity Care Coordination Policy on page 3.</p> <p>File Review Results Three files were applicable for a high-risk face-to-face postpartum visit, yet all three had no documentation of this visit. Eight of the files were eligible for a follow-up visit in the second/third trimester; however, five of these files did not have evidence of this follow-up visit.</p> <p>Recommendation The entity should ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for eligible EIs.</p>	<p>Additional staff training with Care Coordinators has taken place, addressing timely referrals for those EIs appropriate for high-risk face-to-face postpartum visits. Also, a monthly report has been created and is being distributed to Care Coordinators, to assist them by alerting them to EIs where a high-risk face-to-face postpartum visit is indicated.</p> <p>Additional staff training with Care Coordinators has also taken place to address the importance of follow-up visits in the second/third trimester for those EIs who have been deemed high risk.</p>
Include a maternal health risk identification strategy.	<p>This requirement is addressed in the Maternity Risk Stratification and Assessment Policy on pages 2 to 3.</p> <p>File Review Results Of the 20 files reviewed, 18 met the requirement and two did not meet the requirement.</p> <p>Recommendation There was continued discussion</p>	<p>As noted in the Reviewer Comments, logic has been built into the ACHN application to calculate psychosocial assessment score and risk stratification. Additional testing has been performed to assure that the logic is calculating correctly. Additional staff training was also conducted to review the risk stratification scoring methodology used to assess the risk status of each</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
	<p>between the entity and IPRO post-interview to discuss the files that were not fully compliant with the requirement. In ACN Mid-State’s response, the entity reported that logic had been built into the ACHN application to calculate psychosocial assessment score and risk stratification. The entity is not required to implement electronic calculation: additional testing should be implemented to ensure that the new calculation will fulfill this requirement, and if necessary, a backup manual process should be established in order to safeguard full compliance.</p>	<p>EI.</p>
<p>Include a maternal Health Risk and Psychosocial Assessment for all EIs at the first face-to-face initial assessment.</p>	<p><u>File Review Results</u> Of the 20 files reviewed, 15 met the requirement, one was not applicable, and four did not meet the requirement.</p> <p><u>Recommendation</u> There was continued discussion between the entity and IPRO post-interview to discuss the files that were not fully compliant with the requirement. The four files that did not meet compliance were all timely; however, the assessments did not take into account apparent health risks. In ACN Mid-State’s response, the entity reported that additional training was being developed to address these findings. The entity should ensure that the training encompasses identification of health risks as well as how to address them.</p>	<p>Additional staff training was conducted to address the importance of a comprehensive Psychosocial Assessment and Risk Stratification to identify all health risks and how they will be addressed, as evidenced by a patient-centered care plan being present.</p>
<p>The PCCM-E must develop a maternal health Care Plan for all pregnant EIs. The Care Plan must be patient/caregiver centered with a team approach.</p>	<p>This requirement is addressed in the Maternity Risk Stratification and Assessment Policy on page 4.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 13 met the requirement and seven did not meet the requirement.</p> <p><u>Recommendation</u> Of the seven files that were non-compliant, there were a variety of</p>	<p>Additional staff training was conducted to address the importance of a comprehensive Psychosocial Assessment and Risk Stratification to identify all health risks and how they will be addressed, as evidenced by a patient-centered care plan being present.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
	<p>issues that were omitted from care plans that had been identified elsewhere in the records for these EIs, mostly social issues, behavioral health issues, or simply not including everything from the EI's history. The entity should ensure that EI-specific risks are addressed in care plans.</p>	
<p>The PCCM-E must develop a maternal health Care Plan for all pregnant EIs. The Care Plan must include the PCPs/community agencies as appropriate.</p>	<p>This requirement is addressed in the Maternity Risk Stratification and Assessment Policy on page 4.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 17 met the requirement, two did not meet the requirement, and one was not applicable.</p> <p><u>Recommendation</u> Of the two files that did not demonstrate full compliance, one file had a social issue that should have included community agency collaboration, while the other file included a chronic diagnosis that merited coordination with a specialist. The entity should bolster care coordination by including other providers and external agencies whenever warranted.</p>	<p>The Community Resource Guide and the Community Resource Guide Process have been updated to include annual review of available resources and procedure for adding additional resources. This has been made available to all Care Coordination staff, along with guidance on how it is to be used.</p>
<p>The PCCM-E must provide Care Coordination for newborns delivered with no prenatal care. Care Coordination for newborns who did not benefit from pre-natal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator.</p>	<p>This requirement is addressed in the Newborns No Prenatal Care Coordination Policy on page 2.</p> <p><u>File Review Results</u> Of the 20 files reviewed, eleven of the files were applicable for a delivery encounter; however, only 10 of these files had a delivery visit.</p> <p><u>Recommendation</u> The entity should ensure that EIs eligible for a delivery encounter receive a delivery visit or missed delivery visit within 20 calendar days.</p>	<p>Additional training has been conducted with the care coordination staff to include delivery notification process at each delivering hospital. Outreach was done where there was indication that timely notification was not occurring.</p>
<p>Counseling on contraception and family planning services.</p>	<p>This requirement is addressed in the Newborns No Prenatal Care Coordination Policy on page 2.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 11 met the</p>	<p>Additional staff training was conducted to address the importance of counseling on contraception and family planning services. Where possible, Care Coordinators are now initiating the</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
	<p>requirement, two did not meet the requirement, and seven were not applicable.</p> <p>Recommendation There was continued discussion between the entity and IPRO post-interview to discuss the identified files that did not demonstrate compliance. The entity acknowledged that this information was also not documented elsewhere in their records. The entity should ensure that counseling is conducted appropriately for maternal health care coordination.</p>	<p>Family Planning Screening at the Hospital Delivery Visit or Missed Visit, as well as the Hospital Delivery Visit with No Prenatal Care.</p>
<p>Counseling on appropriate postpartum care.</p>	<p>This requirement is addressed in the Newborns No Prenatal Care Coordination Policy on page 2.</p> <p>File Review Results Of the 20 files reviewed, 14 met the requirement, one did not meet the requirement, and five were not applicable.</p> <p>Recommendation There was continued discussion between the entity and IPRO post-interview to discuss the identified files that did not demonstrate compliance. The entity acknowledged that this information was also not documented elsewhere in their records. The entity should ensure that counseling is conducted appropriately for maternal health care coordination.</p>	<p>Additional staff training was conducted to address the importance of the EI attending the postpartum visit following delivery.</p>

EI Materials

A total of 45 standards were reviewed; 37 were fully compliant, 5 were partially compliant, 2 were non-compliant and 1 was not applicable. These partially compliant and non-compliant EI Materials standards are presented in **Table 5**.

Table 5: ACN Mid-State EI Materials Partially Compliant and Non-Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
<p>The PCCM-E must provide the Agency with a written description of all planned health education activities and targeted implementation dates at a frequency and in a format determined by the Agency.</p>	<p>This requirement is addressed in the Alabama Care Network Mid-State EI Outreach document and DHCP Semi-Annual Outreach and Education Report Template however, does not address if the targeted</p>	<p>Revision to Policy 015 has been drafted and includes verbiage related to health education activities and targeted implementation dates at a frequency and format determined by the Agency. Policy has been</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
	<p>implementation dates are at a frequency and format determined by the Agency.</p> <p><u>Recommendation</u> ACN Mid-State should update their policies to include verbiage related to their health education activities and targeted implementation dates at a frequency and format determined by the Agency.</p>	<p>submitted to the agency for approval.</p>
<p>The PCCM-E must make PCPs, EIs, and the community aware of the purpose and the services offered by the PCCM-E. Materials identified or developed for use shall be reviewed and approved by the Agency, including, but not limited to, letters, educational Materials, programs, promotional, on-line content, and forms.</p>	<p>This requirement is addressed on the ACN Mid-State website in the “Coordination Services We Offer” section however the requirement of “Materials being identified or developed for use shall be reviewed and approved by the Agency...” is not addressed in the Eligible Individual Materials including Interpretation Services Policy No. 015 Policy.</p> <p><u>Recommendation</u> ACN Mid-State should update their policies to include verbiage related to the review and approval by the Agency of these materials.</p>	<p>Revision to Policy 015 has been drafted and includes verbiage related to the review and approval by the Agency of these materials. Policy has been submitted to the agency for approval.</p>
<p>The PCCM-E must provide semi-annual outreach and education to DHCPs. At a minimum program guidelines, updates from the Agency and referral processes must be addressed.</p>	<p>This requirement is addressed in the DHCP Semi-Annual Outreach and Education Report Template however the requirement of addressing “updates from the Agency” is not addressed.</p> <p><u>Recommendation</u> ACN Mid-State should update their policies to include verbiage related to addressing updates from the Agency.</p>	<p>Revision to Policy 015 has been drafted and includes language addressing DCHP outreach requirements. Policy has been submitted to the agency for approval.</p>
<p>Website content must be approved in advance by the Agency. Website content is to be accurate, current, and designed so that EIs and Providers may easily locate all relevant information. If directed by the Agency, the PCCM-E must establish appropriate links on the PCCM-E’s website that direct users back to the Agency’s website.</p>	<p>This requirement is partially addressed on the ACN Mid-State website as there is a link, Alabama Medicaid Recipient Site, however, the requirement of “Website content must be approved in advance by the Agency. Website content is to be accurate, current, and designed so that EIs and Providers may easily locate all relevant information.” is not addressed.</p> <p><u>Recommendation</u></p>	<p>Revision to Policy 015 has been drafted and includes language to address incorporating their website to the Agency or State website. Policy has been submitted to the agency for approval.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
	ACN Mid-State should revise Policy ACHN 015 to include language to address incorporating their website to the Agency or State website.	
<p>In addition to the requirements of Section II.W Information Requirements of this RFP, the PCCM-E may only use electronic methods of communication with an EI if:</p> <p>a. The EI has provided an email address to the PCCM-E and has not requested to no longer receive electronic methods of communication;</p> <p>b. The EI has requested or approved electronic transmittal;</p> <p>c. The identical information is available in written format upon request;</p> <p>d. Language and alternative format accommodations are available; and</p> <p>e. All Health Insurance Portability and Accountability Act (HIPAA) requirements are satisfied with respect to PHI.</p>	<p>The requirements of: identical information is available in written format upon request (c) and addressing language and alternative format accommodations (d) are in the ACN Mid-State 2019 Eligible Individual Materials Including Interpretation Services Policy No. 015 however, does not address the requirements a, b, and e.</p> <p><u>Recommendation</u> ACN Mid-State should revise their policy to include language to address the requirements of this section.</p>	Revision to Policy 015 has been drafted and includes language to address electronic communication requirements. Policy has been submitted to the Agency for approval.
Non-Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
The community resource guide must be updated at least annually and made available to the PCCM-E's Care Coordination staff who have contact with EIs.	<p>This requirement is not addressed in the ACN Mid-State Resource Guide or on the ACN Mid-State website.</p> <p><u>Recommendation</u> ACN Mid-State should revise Policy ACHN 015 to include website language. ACN Mid-State should also review the formalized process to ensure regular updates.</p>	Revision to Policy 015 has been drafted & includes language addressing annual updates to community resource guide and its being made available to CC staff. Policy has been submitted to the agency for approval.
If the Agency determines that the PCCM-E's web presence will be incorporated to any degree to the Agency's or the State's web presence, the PCCM-E must conform to any applicable Agency or State standard for website structure, coding, and presentation.	<p>This requirement is not addressed on the ACN Mid-State website.</p> <p><u>Recommendation</u> ACN Mid-State should revise Policy ACHN 015 to include language to address incorporating their website to the Agency or State website.</p>	Revision to Policy 015 has been drafted and includes language to address incorporating their website to the Agency or State website. Policy has been submitted to the agency for approval.

EI Rights

A total of 10 standards were reviewed; all were fully compliant.

Enrollment/Disenrollment

A total of 11 standards were reviewed; all were fully compliant.

Grievances

A total of six standards were reviewed; five were fully compliant, and one was partially compliant. This partially compliant grievance standard is presented in **Table 6**.

Table 6: ACN Mid-State Grievances Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
<p>A summary and, if necessary, a request for a corrective action plan (CAP) will be sent from the Agency for all complaints reported within thirty (30) Calendar Days of the request for the summary or CAP. The PCCM-E must forward their CAP to the Agency. The Agency will evaluate the CAP within seven (7) Calendar Days of receipt. If the CAP is not responsive to the complaint, it will be returned to the PCCM-E within two (2) Business Days. The revised CAP will be resubmitted to the Agency within two (2) Business Days. If the summary or CAP carried out is found not to be responsive, the PCCM-E will have up to forty-five (45) Calendar Days to revise the plan and carry out the appropriate action.</p>	<p>This requirement is not addressed in any policy submitted by the entity. After the interview, the entity provided their Grievances and Dispute Resolution Process, which contains the language for this requirement, however; this document has not been approved by the Agency and is not an official policy.</p> <p>Recommendation It is recommended that the entity revise its complaints and grievances policy and procedure to reflect the activities outlined in this requirement.</p>	<p>Grievance Policy revised to address this requirement & policy submitted to Agency for approval.</p>

HIMS

A total of 11 standards were reviewed; 9 were fully compliant, and 2 were partially compliant. These partially compliant HIMS standards are presented in **Table 7**.

Table 7: ACN Mid-State HIMS Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
<p>The Agency is requiring a case management system that includes Care Coordination documentation, maternity data and the ability to accept Admission/Discharge/Transfer (ADT) feeds. Failure to input Maternity data and/or Care Coordination documentation for each EI with a 95% accuracy rate into the Health Information System/Database will result in Sanctions (see Section II.M.2.i.).</p>	<p>This requirement is partially addressed in the ACHN Application process provided by ACN Mid-State.</p> <p>Recommendation ACN Mid-State should add the accuracy rate requirement to their policy.</p>	<p>HIMS policy drafted to address the requirement to have a case management system & policy submitted to Agency for approval.</p>
<p>g. The PCCM-E HIMS must comply with the following: i. The system must provide the Agency a monthly extract of data in the format prescribed by the Agency.</p>	<p>This requirement is partially addressed in the ACHN Application process provided by ACN Mid-State. The ACHN provided data files demonstrating that extracts are created.</p>	<p>HIMS policy drafted to address the requirement for Mid-State to provide a monthly data extract to the Agency & policy submitted to Agency for</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Mid-State Response and Action Plan
	<p>Recommendation ACN Mid-State should add the reporting extract requirement to their policy.</p>	approval.

Provider Participation

A total of 12 standards were reviewed; all were fully compliant.

Quality Management

A total of 42 standards were reviewed; all were fully compliant.

ACN Southeast

Care Coordination

A total of 134 standards were reviewed; 124 were fully compliant, and 10 were partially compliant. These partially compliant care coordination standards are presented in **Table 8**.

Table 8: ACN Southeast Care Coordination Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
<p>Once an EI who may need Care Coordination services is identified, contact must be attempted within five (5) Business Days of screening. At least three (3) attempts must be made within thirty (30) Calendar Days, including a certified letter to explain and offer Care Coordination services.</p>	<p>This requirement is partially addressed in the General Care Coordination Policy on page 2 and the Care Coordination Process on page 1; however, there is no documentation that the letter to be sent will be certified.</p> <p>Regarding implementation, the samples provided of timely audit screening and attempted outreach address the requirement.</p> <p>Recommendation The entity was only partially compliant in addressing this requirement for the review period (October 1, 2019 - September 30, 2020); however, moving forward, the contract requirement does not mandate letters to be certified. Therefore, at this time, there is no recommendation.</p>	N/A- no recommendation at this time.
<p>As the EI's needs are identified or goals are met, the EI's risk level may change. The PCCM-E will complete a risk reassessment form to change the EI's risk level. At the minimum, a risk assessment must be completed every ninety (90) Calendar Days.</p>	<p>This requirement is addressed in the General Care Coordination Policy on page 3.</p> <p>File Review Results Of the 20 files reviewed, one met the requirement, two did not meet the requirement, and 17 were not applicable.</p>	ACN Southeast completed additional training on 1/27/2021 with care coordinators to teach new RFP requirements that risk assessments are completed every six months. General Care Coordination Policy has

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
	<p><u>Recommendation</u> The entity should ensure that risk assessments are conducted within the contractually mandated timeframes.</p>	<p>been updated and submitted to the Agency for approval. Monthly audits will be completed for each care coordinator to ensure compliance.</p>
<p>Additional assessments required for each EI receiving general Care Coordination include:</p> <ul style="list-style-type: none"> i. PHQ-A for EIs ages 12-17 ; ii. PHQ-2 for EIs age 18 and older; iii. PHQ-9 for EIs age 18 and older that score a four (4) or higher on the PHQ-2; iv. Substance abuse screening tool approved by the Agency; and v. Medication Reconciliation. 	<p>This requirement is addressed in the General Care Coordination Policy on page 3.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 18 met the requirement and two did not meet the requirement.</p> <p><u>Recommendation</u> Of the two non-compliant files, both files did not include medication reconciliation; one file was also missing a PHQ and substance abuse screen. The entity should ensure that additional assessments are conducted appropriately for each EI.</p>	<p>ACN Southeast completed training on medication lists/reconciliation process on 1/20/2021 with all care coordinators. Monthly audits will be completed for each care coordinator to ensure compliance of medication lists, PHQ screenings and substance abuse screenings.</p>
<p>Track EIs throughout pregnancy and postpartum periods;</p>	<p>This requirement is addressed in the Provision for Maternity Care Coordination Policy on page 3.</p> <p><u>File Review Results</u> Of the 20 files reviewed, two were applicable for a high-risk face-to-face postpartum visit, yet both had no documentation of this visit. Twelve of the files were eligible for a follow-up visit in the second/third trimester; however, four of these files did not have evidence of this follow-up visit.</p> <p><u>Recommendation</u> The entity should ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for eligible EIs.</p>	<p>Staff training has been provided on 1/13/2021 to address timely visits of high-risk EIs who need a postpartum visit. We also trained on the importance of completing the follow-up visits in the second/third trimester. A monthly report has been created and is distributed to our care coordinators to identify the high-risk EIs who need a postpartum visit completed.</p>
<p>Include a maternal health screening within five (5) Business Days of contact with the EI;</p>	<p>This requirement is addressed in the Maternity Risk Stratification and Assessment Policy on page 2.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 19 met the requirement and one did not meet the</p>	<p>ACN Southeast provided additional training on 1/13/2021 to care coordinators regarding timely maternal health screenings.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
	<p>requirement.</p> <p><u>Recommendation</u> The entity should ensure that maternal health screenings are conducted in a timely manner.</p>	
<p>Be patient/caregiver centered with a team approach;</p>	<p>This requirement is addressed in the Maternity Risk Stratification and Assessment Policy on page 4.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 14 met the requirement and six did not meet the requirement.</p> <p><u>Recommendation</u> There was continued discussion between the entity and IPRO post-interview to discuss the identified problematic files. Although the entity did provide some clarity as to why certain files had missed opportunities to create a more patient-centered care plan for these EIs, these answers did not justify a change of determination for these files.</p> <p>For the two files where there was an unknown type of STD, the entity stated that both files had EIs with a “low” risk stratification, so no follow-up regarding medication was needed as the STD was already addressed. Even if the STD was addressed, it should still be included in the care plan as this is part of the medical history and relevant to the EI’s condition, in the very least.</p> <p>For the two files where the EIs had severe preeclampsia/hypertension, the entity responded that care coordinators were not aware of these issues until after delivery.</p> <p>Additionally, multiple files identified EIs with obesity, yet the entity did not address this issue.</p> <p>The entity should ensure that all aspects of an EI’s medical history are addressed to inform a thorough care plan.</p>	<p>Additional staff training was provided on 1/13/2021 regarding risk stratification of EIs and care plans to include all medical history. A report has been developed regarding EIs without a care plan and is distributed to care coordinators weekly. Monthly audits will be performed for each care coordinator to ensure compliance.</p>
<p>The PCCM-E must provide Care</p>	<p>This requirement is addressed in the</p>	<p>Additional staff training was</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
<p>Coordination for newborns delivered with no prenatal care. Care Coordination for newborns who did not benefit from pre-natal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator. The following services shall be provided to the newborn's mother:</p>	<p>Newborns No Prenatal Care Coordination Policy on page 2.</p> <p><u>File Review Results</u> Of the 20 files reviewed, none of the files were applicable for newborn care coordination, as all files had evidence of prenatal care. Twelve of the files were applicable for a delivery encounter; however, only 11 of these files had a delivery visit.</p> <p><u>Recommendation</u> The entity should ensure that EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.</p>	<p>completed on 1/13/2021 regarding the importance of the delivery encounter and to remind care coordinators of the importance of completing these visits timely. A report has been developed and is distributed to care coordinators with a list of EIs who need delivery visits within 20 calendar days.</p>
<p>Counseling on contraception and family planning services; and</p>	<p>This requirement is addressed in the Newborns No Prenatal Care Coordination Policy on page 2.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 16 met the requirement, one did not meet the requirement, and three were not applicable.</p> <p><u>Recommendation</u> The entity should ensure that counseling is conducted appropriately for maternal health care coordination.</p>	<p>Additional staff training was completed on 1/13/2021 regarding the importance of counseling on contraception and family planning services, and appropriate postpartum care.</p> <p>Additional staff training was completed on 1/13/2021 regarding the importance of counseling on contraception and family planning services, and appropriate postpartum care.</p>
<p>Counseling on appropriate postpartum care.</p>	<p><u>File Review Results</u> Of the 20 files reviewed, 13 met the requirement, 2 did not meet the requirement, and 5 were not applicable.</p> <p><u>Recommendation</u> There was continued discussion between the entity and IPRO post-interview to discuss the identified problematic files. Although the entity did provide some clarity as to why certain files had missed opportunities to provide counseling on postpartum care, these answers did not justify a change of determination for all of the identified files. For one file, the EI developed severe preeclampsia which was not addressed (in regards to this requirement, this could be in the form of a discussion regarding</p>	<p>Additional staff training was completed on 1/13/2021 regarding the importance of counseling on contraception and family planning services, and appropriate postpartum care.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
	warning signs, early follow-up, finding out what discharge medication was needed, etc.); however, the entity stated that the care coordinator was unaware of this until the delivery visit. The entity should ensure that counseling is conducted appropriately for maternal health care coordination.	
The Medication List shall be used during the EI interview of the Health Risk and Psychosocial Assessment to enhance drug use information gathering. The caregiver or family may be present at the interview. Medication List should also include discharge instructions, PCP chart, prescription fill history, and patient report, as appropriate.	This requirement is addressed in the Medication List Policy on page 2. <u>File Review Results</u> Of the 20 general care coordination files reviewed, 18 met the requirement and two did not meet the requirement. Of the 20 maternity care files reviewed, 18 were not applicable and two met the requirement. <u>Recommendation</u> The entity should ensure that a complete medication list is included in each EI's record where appropriate.	Additional training was provided on 1/20/2021 to the care coordinators regarding the importance of completing a thorough medication list for each EI. Monthly audits will be performed for each care coordinator to ensure compliance.

EI Materials

A total of 45 standards were reviewed; 41 were fully compliant, 2 were partially compliant and 2 were non-compliant. These partially compliant and non-compliant EI materials standards are presented in **Table 9**.

Table 9: ACN Southeast EI Materials Partially Compliant and Non-Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
In addition to the requirements of Section II.W Information Requirements of this RFP, the PCCM-E may only use electronic methods of communication with an EI if: a. The EI has provided an email address to the PCCM-E and has not requested to no longer receive electronic methods of communication; b. The EI has requested or approved electronic transmittal; c. The identical information is available in written format upon request; d. Language and alternative format accommodations are available; and e. All Health Insurance Portability	This requirement is addressed in the ACN Southeast Consent to Receive Text Messages, Authorization for Disclosure of Protected Health Information (PHI) and the Eligible Individual Materials including Interpretation Services Policy No. 015 on pages 2-3 however, does not address requirement (a.), "The EI has provided an email address to the PCCM-E and has not requested to no longer receive electronic methods of communication." <u>Recommendation</u> ACN Southeast should update their policies to include this missing language.	ACN Southeast revised EI Materials Including Interpretation Services Policy No. 015 and submitted to the Agency for approval to include the verbiage to include the narrative, "The EI has provided an email address and has not requested to no longer receive electronic methods of communication."

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
and Accountability Act (HIPAA) requirements are satisfied with respect to PHI.		
The PCCM-E must provide the Agency with a written description of all planned health education activities and targeted implementation dates at a frequency and in a format determined by the Agency.	<p>This requirement is partially addressed in the ACN Southeast 2019 Proposed Health Education Activities document.</p> <p>Recommendation ACN Southeast should ensure that all planned health education activities, along with implementation dates, are provided to the Agency and that their policies indicate they are at a frequency and format determined by the Agency.</p>	ACN Southeast revised EI Materials Including Interpretation Services Policy No. 015 and submitted to the Agency for approval to include the verbiage “health education activities and targeted implementation dates are provided to the Agency and that these activities are at a frequency and format determined by the Agency.”
Non-Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
If the Agency determines that the PCCM-E's web presence will be incorporated to any degree to the Agency's or the State's web presence, the PCCM-E must conform to any applicable Agency or State standard for website structure, coding, and presentation.	<p>This requirement is not addressed on the ACN Southeast website or within the ACHN's policies and procedures.</p> <p>Recommendation ACN Southeast should ensure that language related to the Agency or State standards for website structure, coding, and presentation is incorporated into their policies and procedures.</p>	ACN Southeast revised EI Materials Including Interpretation Services Policy No. 015 and submitted to the Agency for approval to include the verbiage to make sure language related to the Agency or State standards for website structure, coding and presentation.
Website content must be approved in advance by the Agency. Website content is to be accurate, current, and designed so that EIs and Providers may easily locate all relevant information. If directed by the Agency, the PCCM-E must establish appropriate links on the PCCM-E's website that direct users back to the Agency's website.	<p>This requirement is not addressed on the ACN Southeast website or within the ACHN's policies and procedures.</p> <p>Recommendation ACN Southeast should ensure that language related to approval of website content, and that this content is accurate, current, and designed in a way that EIs and providers can easily locate information, is incorporated into their policies and procedures.</p>	ACN Southeast revised EI Materials Including Interpretation Services Policy No. 015 and submitted to the Agency for approval to include the narrative that our website content is to be accurate, current and designed so that EIs and Providers may easily locate all relevant information and that ACHN SE will establish appropriate links on the website that directs users back to the Agency's website.

El Rights

A total of 10 standards were reviewed; all were fully compliant.

Enrollment/Disenrollment

A total of 11 standards were reviewed; all were fully compliant.

Grievances

A total of six standards were reviewed; five were fully compliant, and one was partially compliant. This partially compliant grievance standard is presented in **Table 10**.

Table 10: ACN Southeast Grievances Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
<p>A summary and, if necessary, a request for a corrective action plan (CAP) will be sent from the Agency for all complaints reported within thirty (30) Calendar Days of the request for the summary or CAP. The PCCM-E must forward their CAP to the Agency. The Agency will evaluate the CAP within seven (7) Calendar Days of receipt. If the CAP is not responsive to the complaint, it will be returned to the PCCM-E within two (2) Business Days. The revised CAP will be resubmitted to the Agency within two (2) Business Days. If the summary or CAP carried out is found not to be responsive, the PCCM-E will have up to forty-five (45) Calendar Days to revise the plan and carry out the appropriate action.</p>	<p>This requirement is not addressed in any policy submitted by the entity with the exception of the 45-day resolution timeframe requirement.</p> <p>At the interview, the entity confirmed it does not have a policy that includes the remaining language in this requirement, but it does have an internal process that was submitted for review. The grievances and dispute resolution process document that was submitted does contain the language from this requirement. However; this is not a formal policy approved by the Agency.</p> <p>Recommendation It is recommended that the entity revise the grievances and complaints policy and procedure to include language for this requirement.</p>	<p>ACN Southeast has updated Grievance Policy for Agency approval to include the verbiage below: A corrective action plan (CAP) will be sent from the Agency for all complaints reported within thirty (30) Calendar Days of the request for the summary or CAP. The PCCM-E must forward their CAP to the Agency. The Agency will evaluate the CAP within seven (7) Calendar Days of receipt. If the CAP is not responsive to the complaint, it will be returned to the PCCM-E within two (2) Business Days. The revised CAP will be resubmitted to the Agency within two (2) Business Days.</p>

HIMS

A total of 11 standards were reviewed; 9 were fully compliant, and 2 were partially compliant. These partially compliant HIMS standards are presented in **Table 11**.

Table 11: ACN Southeast HIMS Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
<p>The Agency is requiring a case management system that includes Care Coordination documentation, maternity data and the ability to accept Admission/Discharge/Transfer (ADT) feeds. Failure to input Maternity data and/or Care Coordination documentation for each EI with a 95% accuracy rate into the Health Information System/Database will result in Sanctions (see Section II.M.2.i.).</p>	<p>This requirement is partially addressed in the ACHN Application process provided by ACN Southeast.</p> <p>Recommendation ACN Southeast should add the accuracy rate requirement to their policy.</p>	<p>ACN Southeast has drafted a HIMS policy and has submitted to the Agency for approval to include the 95% accuracy rate requirement.</p>
<p>The PCCM-E HIMS must comply with the following: The system must provide the Agency a monthly extract of data in the format prescribed by the Agency.</p>	<p>This requirement is partially addressed in the ACHN Application process provided by ACN Southeast. The ACHN provided data files demonstrating that extracts are created.</p>	<p>ACN Southeast has drafted a HIMS policy and has submitted to the Agency for approval to include the narrative that states “the system must provide the</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	ACN Southeast Response and Action Plan
	<p>Recommendation ACN Southeast should add the reporting extract requirement to their policy.</p>	Agency a monthly extract of data in the format prescribed by the Agency.”

Provider Participation

A total of 12 standards were reviewed; all were fully compliant.

Quality Management

A total of 42 standards were reviewed; all were fully compliant.

Gulf Coast Total Care

Care Coordination

A total of 134 standards were reviewed; 125 were fully compliant, and 9 were partially compliant. These partially compliant care coordination standards are presented in **Table 12**.

Table 12: GCTC Care Coordination Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
<p>Once an EI who may need Care Coordination services is identified, contact must be attempted within five (5) Business Days of screening. At least three (3) attempts must be made within thirty (30) Calendar Days, including a certified letter to explain and offer Care Coordination services.</p>	<p>This requirement is partially addressed in the General Care Coordination Policy on page 2 and the Care Coordination Process on page 1; however, there is no documentation that the letter to be sent will be certified.</p> <p>Regarding implementation, the samples provided of the chart audit tool and the attempted outreach screenshots met the requirement.</p> <p>Recommendation The entity was only partially compliant in addressing this requirement for the review period (October 1, 2019 - September 30, 2020); however, moving forward, the contract requirement does not mandate letters to be certified. Therefore, at this time, there is no recommendation.</p>	<p>Moving forward, the Medicaid contract no longer requires the letter to be sent certified mail. The Care Coordinators will document that a letter has been and attach a copy of the letter in the HIMs for further verification.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E’s office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Meet regularly as outlined in Exhibit G;</p>	<p>File Review Results Of the 20 files reviewed, 14 met the requirement, three did not meet the requirement, and three were not applicable.</p> <p>Recommendations The entity should ensure that the MCT meets regularly as the EI’s risk</p>	<p>Care Coordination supervisors developed and presented an all staff training to ensure that Care Coordinators are following the updated MCT policy. The 3 hour training was held on 12.30.20. It was recorded and will be uploaded into the LMS system and required to attend</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
	<p>stratification designates. Additionally, of the files that did not meet the requirement, it is noted that these EIs were newborns or toddlers, and that there was no MCT meeting documented on these files. An additional review might be warranted to determine if there is a gap in care for this population.</p>	<p>for staff that could not attend the live training.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Include multi-disciplines;</p>	<p>This requirement is addressed in the MCT GCTC Policy on page 2.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 14 met the requirement, three did not meet the requirement, and three were not applicable.</p> <p><u>Recommendation</u> The entity should ensure that the MCT for each EI is comprised of professionals from a variety of disciplines. Additionally, of the files that did not meet the requirement, it is noted that these EIs were newborns or toddlers, and that there was no MCT meeting documented on these files. An additional review might be warranted to determine if there is a gap in care for this population.</p>	<p>Care Coordination supervisors developed and presented an all staff training to ensure that Care Coordinators are following the updated MCT policy. The 3 hour training was held on 12.30.20. It was recorded and will be uploaded into the LMS system and required to attend for staff that could not attend the live training.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Discuss EI's needs, solutions, and potential outcomes;</p>	<p>This requirement is addressed in the MCT GCTC Policy on page 2.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 14 met the requirement, three did not meet the requirement, and three were not applicable.</p> <p><u>Recommendation</u> The entity should ensure that the MCT has discussions focused on the EI's recovery and wellbeing. Additionally, of the files that did not meet the requirement, it is noted that these EIs were newborns or toddlers, and that there was no MCT meeting documented on these files. An additional review might be warranted to determine if there is a gap in care for this population.</p>	<p>Care Coordination supervisors developed and presented an all staff training to ensure that Care Coordinators are following the updated MCT policy. The 3 hour training was held on 12.30.20. It was recorded and will be uploaded into the LMS system and required to attend for staff that could not attend the live training.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital,</p>	<p>This requirement is addressed in the MCT GCTC Policy on page 2.</p>	<p>Care Coordination supervisors developed and presented an all staff training to ensure that</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
<p>community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Document, in detail, issues as described above and participating staff.</p>	<p><u>File Review Results</u> Of the 20 files reviewed, 14 met the requirement, three did not meet the requirement, and three were not applicable.</p> <p><u>Recommendation</u> The entity should ensure that the MCT meetings are documented in detail. Additionally, of the files that did not meet the requirement, it is noted that these EIs were newborns or toddlers, and that there was no MCT meeting documented on these files. An additional review might be warranted to determine if there is a gap in care for this population.</p>	<p>Care Coordinators are following the updated MCT policy. The 3 hour training was held on 12.30.20. It was recorded and will be uploaded into the LMS system and required to attend for staff that could not attend the live training.</p>
<p>Consultation to the MCT regarding behavioral health issues or topics and resources in the area</p>	<p>This requirement is addressed in the Behavioral Health Program GCTC Policy on page 2.</p> <p><u>File Review Results</u> Of the 20 files reviewed, four met the requirement, one did not meet the requirement, and 15 were not applicable.</p> <p><u>Recommendation</u> Regarding the file that did not meet the requirement, the entity provided an explanation in the file review correspondence that the EI had denied substance abuse, and therefore it was not an active problem that needed to be addressed (this is in addition to the smoking cessation education and nicotine patches that the transitional care nurse was working to obtain for the EI). Despite the denial, there was a documented positive substance screen as well as multiple references to a history of polysubstance abuse in the file, which should warrant a closer examination of this EI's behavioral health issues. The entity should not dismiss an identified, documented behavioral health issue because an EI is no longer recognizing it as an active problem. At the very least, the entity should ensure that the MCT continue to discuss, consult with applicable parties, and monitor the issue, with careful note to document this in the EI's file.</p>	<p>Care Coordinator supervisors held an all staff training for Care Coordinators in order to further develop care planning skills and ensure that they meet Medicaid requirements. Monthly audits will be completed to determine if documentation requirements are being met. Moving forward, all behavioral health and substance abuse concerns, whether or not the EI denies an issue, will be addressed on the care plan and reviewed at each contact, where the Care Coordinators will utilize Motivational Interviewing to assist the EI to move to a higher level of change motivation.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
<p>Include a maternal Health Risk and Psychosocial Assessment for all EIs at the first face-to-face initial assessment.</p>	<p>This requirement is addressed in the Maternity Risk Stratification and Assessment Policy on pages 2 to 3.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 19 met the requirement and one did not meet the requirement.</p> <p><u>Recommendation</u> The entity should take into account all of the EI's risk factors and past health risks when conducting the initial assessment as they need to be included in the care plan. It is noted that the entity has acknowledged this opportunity for improvement and received guidance and training from the Agency earlier this year to fully address this requirement.</p>	<p>Training was conducted on 12/30/2020 with all of care coordination staff regarding Medicaid's expectation of Care Plans for all identified health risks. We will continue to monitor adherence to this requirement during our routine monthly audits process.</p>
<p>Be patient/caregiver centered with a team approach;</p>	<p>This requirement is addressed in the Maternity Risk Stratification and Assessment Policy on page 4.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 17 met the requirement and three did not meet the requirement.</p> <p><u>Recommendation</u> During the interview portion of the compliance review, in response to the non-compliant files, the entity stated that if the EI had past issues that weren't considered current, these past issues would not be addressed in the care plan. In order to fully address this requirement, the entity should review the EI's medical history and include documentation of this in the care plan.</p>	<p>Training was conducted on 12/30/2020 with all of care coordination staff regarding Medicaid's expectation of Care Plans for all identified health risks. We will continue to monitor adherence to this requirement during our routine monthly audits process.</p>
<p>The PCCM-E must provide Care Coordination for newborns delivered with no prenatal care. Care Coordination for newborns who did not benefit from pre-natal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator.</p>	<p>This requirement is addressed in the Newborns No Prenatal Care Coordination Policy on page 2.</p> <p><u>File Review Results</u> Of the 20 files reviewed, none of the files were applicable for newborn care coordination, as all files had evidence of prenatal care. Fourteen of the files were applicable for a delivery encounter; however, only 12 of these files had a delivery visit.</p>	<p>On 12/30/20, we discussed with the care coordinator's the importance of having a patient tracking system in place and kept current. Additionally, we now distribute to the care coordinators a monthly spreadsheet of EIs with upcoming/past EDCs to work in an effort to ensure all delivery encounters are completed within the required timeframe.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
	<p>Recommendation The entity should ensure that EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.</p>	We will continue to monitor progress through monthly routine audit process.

EI Materials

A total of 45 standards were reviewed; 41 were fully compliant, 2 were partially compliant and 2 were non-compliant. These partial and non-compliant EI materials standards are presented in **Table 13**.

Table 13: GCTC EI Materials Partially Compliant and Non-Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
<p>The PCCM-E must provide the Agency with a written description of all planned health education activities and targeted implementation dates at a frequency and in a format determined by the Agency.</p>	<p>This requirement is addressed in the Gulf Coast Total Care 2019-2020 Section Y Outreach Education Program however, this document does not address the requirement of implementing education activities at a frequency and in a format determined by the Agency.</p> <p>Recommendation GCTC should ensure that all planned health education activities, along with implementation dates, are provided to the Agency and that their policies indicate they are at a frequency and format determined by the Agency.</p>	The ACHN 015 EI Materials and Interpretation Services policy has been updated and submitted to Medicaid for approval.
<p>In addition to the requirements of Section II.W Information Requirements of this RFP, the PCCM-E may only use electronic methods of communication with an EI if:</p> <ul style="list-style-type: none"> a. The EI has provided an email address to the PCCM-E and has not requested to no longer receive electronic methods of communication; b. The EI has requested or approved electronic transmittal; c. The identical information is available in written format upon request; d. Language and alternative format accommodations are available; and e. All Health Insurance Portability and Accountability Act (HIPAA) requirements are satisfied with respect to PHI. 	<p>Requirements “c” and “d” are addressed in the Eligible Individual Materials including Interpretation Services Policy No. 015, however requirements “a”, “b” and “e” are not addressed on the Gulf Coast Total Care website or in submitted documentation.</p> <p>Recommendation GCTC should ensure their policy is updated to reflect language within this requirement.</p>	The ACHN 015 EI Materials and Interpretation Services policy has been updated and submitted to Medicaid for approval.

Non-Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
If the Agency determines that the PCCM-E's web presence will be incorporated to any degree to the Agency's or the State's web presence, the PCCM-E must conform to any applicable Agency or State standard for website structure, coding, and presentation.	This requirement is not addressed on the Gulf Coast Total Care website or within their policies and procedures. <u>Recommendation</u> GCTC should ensure their policy is updated to reflect language within this requirement.	The ACHN 015 EI Materials and Interpretation Services policy has been updated and submitted to Medicaid for approval.
Website content must be approved in advance by the Agency. Website content is to be accurate, current, and designed so that EIs and Providers may easily locate all relevant information. If directed by the Agency, the PCCM-E must establish appropriate links on the PCCM-E's website that direct users back to the Agency's website.	This requirement is not addressed on the Gulf Coast Total Care website or within their policies and procedures. <u>Recommendation</u> GCTC should ensure their policy is updated to reflect language within this requirement.	The ACHN 015 EI Materials and Interpretation Services policy has been updated and submitted to Medicaid for approval.

El Rights

A total of 10 standards were reviewed; all were fully compliant. There was one recommendation for GCTC to consider adding language to the Eligible Individual's Rights Policy No. 021 that states that the EI is allowed to request and receive a copy of their Medical Records and request that they be amended or corrected. The ACHN responded that they updated their Eligible Individual's Rights Policy No. 021 with the recommended language.

Enrollment/Disenrollment

A total of 11 standards were reviewed; all were fully compliant.

Grievances

A total of six standards were reviewed; five were fully compliant, and one was partially compliant. This partially compliant grievances standard is presented in **Table 14**.

Table 14: GCTC Grievances Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
A summary and, if necessary, a request for a corrective action plan (CAP) will be sent from the Agency for all complaints reported within thirty (30) Calendar Days of the request for the summary or CAP. The PCCM-E must forward their CAP to the Agency. The Agency will evaluate the CAP within seven (7) Calendar Days of receipt. If the CAP is not responsive to the complaint, it will be returned to the PCCM-E within two (2) Business Days. The revised CAP will be resubmitted to the Agency within two (2) Business Days. If the summary or CAP carried out is found not to be responsive, the PCCM-E will have up to	This requirement is not addressed in any policy submitted by the entity. After the virtual interview, the entity provided their Grievances and Dispute Resolution Process, which contains the language for this requirement, however; this document has not been approved by the Agency and is not an official policy document. <u>Recommendation</u> It is recommended that the entity revise its complaints and grievances policy and procedure to reflect the activities outlined in this requirement.	Grievance process has been updated and submitted to AMA for approval.

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
forty-five (45) Calendar Days to revise the plan and carry out the appropriate action.		

HIMS

A total of 11 standards were reviewed; 9 were fully compliant, and 2 were partially compliant. These partially compliant HIMS standards are presented in **Table 15**.

Table 15: GCTC HIMS Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
The Agency is requiring a case management system that includes Care Coordination documentation, maternity data and the ability to accept Admission/Discharge/Transfer (ADT) feeds. Failure to input Maternity data and/or Care Coordination documentation for each EI with a 95% accuracy rate into the Health Information System/Database will result in Sanctions (see Section II.M.2.i.).	This requirement is partially addressed in the ACHN Application process provided by GCTC. Recommendation GCTC should add the accuracy rate requirement to their policy.	Recommendation added to HIMS Policy and Procedure. Sent to AMA for approval.
The system must provide the Agency a monthly extract of data in the format prescribed by the Agency.	This requirement is partially addressed in the ACHN Application process provided by GCTC. GCTC provided data files demonstrating that extracts are created. Recommendation GCTC should add the reporting extract requirement to their policy.	Recommendation added to HIMS Policy and Procedure. Sent to AMA for approval.

Provider Participation

A total of 12 standards were reviewed; all were fully compliant.

Quality Management

A total of 42 standards were reviewed; 41 were fully compliant, and 1 was partially compliant. This partially compliant quality management standard is presented in **Table 16**.

Table 16: GCTC Quality Management Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
Composed of all participating Providers who must have at least one representative (PCP, Physician Assistant, or Nurse Practitioner) from its medical practice to participate over a twelve (12) month period in at least two (2) quarterly Medical Management	This requirement is addressed in Quality Improvement Program Policy No. 021, and evidence of meetings can be found in the Medical Management Meeting notes within the Quality Improvement Plan Evaluation. It is not clear, however, that all participating providers have attended	Quality Improvement Plan Evaluation FY2020 pg 22-53 contains PCP practices attendance for all quarterly Medical Management Meetings. Attendance identifies the PCP practices meeting the

Partially Compliant Standards	Findings and Recommendations for Improvement	GCTC Response and Action Plan
meetings in person and one (1) webinar/facilitation exercise with the Network(s) Medical Director.	<p>the required number of meetings. GCTC indicated that before COVID-19 limitations, they had breakfast, lunch and dinner meetings with providers, as well as webinars.</p> <p>Recommendation GCTC should ensure that a roster for provider participation in the Medical Management meetings is developed, to ensure active participation requirements are being met.</p>	active participation requirements.

My Care Central

Care Coordination

A total of 134 standards were reviewed; 122 were fully compliant, and 12 were partially compliant. These partially compliant care coordination standards are presented in **Table 17**.

Table 17: My Care Central Care Coordination Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Central Response and Action Plan
<p>The PCCM-E shall establish processes to support Care Coordination for EIs, primarily those that are at highest risk and cost. The processes shall include, but are not limited to, the following: Reducing the potential for risks of catastrophic or severe illness;</p>	<p>This requirement is partially addressed in the Care Plan Policy. The Care Plan Policy outlines how to develop and implement a care plan with specific EI-centered goals; however, the Care Plan Policy does not specifically address catastrophic or severe illness.</p> <p>This requirement is partially addressed in the Quality Improvement Program Policy – it outlines how risk is assessed; however, the policy does not specifically address catastrophic or severe illness.</p> <p>Recommendation During the interview, the entity stated that this requirement is addressed individually for each EI; however, this should not only be demonstrated in implementation, but in the structure of the program as well. The entity should add wording to policies and procedures that address this requirement in detail.</p>	Wording that addresses this requirement will be added to policies no later than 3/15/2021
<p>As the EI's needs are identified or goals are met, the EI's risk level may change. The PCCM-E will complete a risk reassessment form to change the EI's</p>	<p>This requirement is addressed in the Risk Reassessment Policy on page 1.</p> <p>File Review Results</p>	We will request that our HIMS system create an ongoing report that identifies all EIs with risk reassessments due with-in

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Central Response and Action Plan
<p>risk level. At the minimum, a risk assessment must be completed every ninety (90) Calendar Days.</p>	<p>Of the 20 files reviewed, 11 were not applicable, 5 met the requirement, and 4 did not meet the requirement.</p> <p><u>Recommendation</u> There were four files that did not meet the timeframe for this requirement; however, the entity did not agree with one of the files where the case was closed. Despite the fact that the goals were met, a risk assessment form should have still been completed in order to ensure that the case warrants closing. For this file, there was no communication with the EI's caretaker to follow-up on goals and the case was seemingly closed a month after last communication. The entity should ensure that all assessments are conducted within the required timeframe.</p>	<p>30 days. We will re-train staff on timelines. Please note that this timeline will be changed with the new contract amendments.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Meet regularly as outlined in Exhibit G;</p>	<p>This requirement is addressed in the MCT Policy on page 1 and in the Screening and Stratification Policy on pages 2 to 3.</p> <p><u>File Review Results</u> Of the 20 files reviewed, four met the requirement, one did not meet the requirement, and 15 were not applicable.</p> <p><u>Recommendation</u> The file that did not meet the requirement required a quarterly meeting, yet within a 132 day timeframe, this did not take place. The entity should ensure that the MCT is meeting within the required timeframes.</p>	<p>Recommendation Noted. With the new contract amendments, we are implementing a new MCT process, which includes real-time reporting that will allow us to better monitor the timeliness of MCT meetings. We will also conduct ongoing training with staff about the MCT process and timeframes.</p>
<p>The PCCM-E will implement a program approved by the Agency to integrate and manage all maternal health Care Coordination including family planning, interconception care, prenatal care, and postnatal care. The goal of the program is to reduce maternal and infant morbidity and mortality and improve birth outcomes. EIs will be notified at the time of Medicaid application of the requirement to participate and engage in the PCCM-E Maternity Care Coordination Program.</p>	<p>This requirement is partially addressed in the Integrated Operational Model document and EI Notification Policy.</p> <p><u>Recommendation</u> The policy submitted only marginally demonstrates this requirement. More details that capture every part of the regulation are needed. Additionally, the creation of a program description would be informative. During the interview, the entity agreed that there is an opportunity to create additional material to address this requirement.</p>	<p>My Care will be writing a more complete Care Coordination Program overview document to address these requirements more holistically. We estimate the completion of that document no later than 6/30/2021.</p>
<p>The PCCM-E must advise all DHCPs and</p>	<p>This requirement is partially addressed in</p>	<p>My Care will write a new policy</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Central Response and Action Plan
include language in the ACHN DHCP Participation Agreement of the requirement for Pregnant Women to participate in the network for maternity Care Coordination for the Agency to consider the EI's maternity care a covered service.	<p>the participation agreement templates and in the sample agreements provided.</p> <p>Recommendation The entity should create a policy to address this requirement.</p>	that addresses the participation agreement process, including this requirement. We estimate completion of that document no later than 4/30/2021.
Track EIs throughout pregnancy and postpartum periods;	<p>This requirement is addressed in the Maternity Checklist Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, four were applicable for a high-risk face-to-face postpartum visit. None of the four files had documentation of this visit. Ten of the files were eligible for a follow-up visit in the second/third trimester; two of these files did not have evidence of this follow-up visit.</p> <p>Recommendation The entity should ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for eligible EIs.</p>	We will implement ongoing reporting of High Risk maternity EIs that are entering their 2nd and 3rd trimesters. We will also implement ongoing report of High Risk maternity EIs that have delivered and are due for a postpartum visit.
The PCCM-E must develop a maternal health Care Plan for all pregnant EIs. The Care Plan must: Be patient/caregiver centered with a team approach;	<p>This requirement is addressed in the Maternal Care Plan Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 18 met the requirement and two did not meet the requirement.</p> <p>Recommendation The two files that did not meet the requirement did not appear to address EI-specific risks in the care plan documentation. During the interview, the entity acknowledged this opportunity for improvement and stated that training for care coordinators is being created to help staff improve their skills in identifying and addressing EI needs. The entity should implement further testing and review post training to ensure care plans are addressing EI needs.</p>	We will continue to train and reinforce the importance of a patient centered and comprehensive care plans. Additional training to include appropriate documentation of service referral needs and/or refusal of services
The PCCM-E must provide Care Coordination for newborns delivered	This requirement is addressed in the Newborns with no Prenatal Care Policy on	Entity will request a ongoing HIMS report to include all EIs

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Central Response and Action Plan
<p>with no prenatal care. Care Coordination for newborns who did not benefit from pre-natal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator.</p>	<p>page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, none of the files were applicable for newborn care coordination, as all 20 files had evidence of prenatal care. Eleven of the files were applicable for a delivery encounter; however, only six of these files had a delivery visit or missed delivery visit within 20 calendar days.</p> <p><u>Recommendation</u> During the interview, the entity stated that the maternity files sampled were from the beginning of new enrollment upon opening. At the time, relationships with hospitals were still being developed, which is why there was a noted gap within care reflected in the review. Due to new enrollments, the entity had to conduct all reassessments and providers needed referrals, so the entity had to triage their resources appropriately.</p> <p>The entity should ensure that EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.</p>	<p>that have an active Hospital Delivery Encounter Form with EIs With No Prenatal Care, so that we can actively work to enroll the newborn in care coordination. In addition, we will instruct staff to better document the details regarding why they did not have prenatal care or were not enrolled in care coordination prior to delivery. Training and reinforcement with staff to ensure those newborns are enrolled into services will continue.</p>
<p>EIs must be allowed to change a DHCP once without cause within the first ninety (90) Calendar Days of selecting a DHCP and at any time for just cause, which is defined as a valid complaint submitted orally or in writing to the PCCM-E.</p>	<p>This requirement is partially addressed in the DHCP Selection, Notification, Change, and Compliance Policy on page 1.</p> <p><u>Recommendation</u> During the interview, the entity stated that verbal notification of this requirement is provided to EIs. In order to fully address this requirement, materials communicating this regulation must be provided to the EI. The entity should provide this information on their website as well as in written documents to the EI.</p>	<p>My Care is in process of developing materials to address this requirement in a written format. This will also be added to our policy, once complete. We estimate this will be implemented no later than 4/30/2021.</p>
<p>The PCCM-E must inform the EI of the EI's rights to change DHCPs, with and without cause at the initial contact and at least once per year.</p>	<p>This requirement is partially addressed in the DHCP Selection, Notification, Change, and Compliance Policy on page 1 and in the screenshot provided that demonstrates verbal notification of this requirement.</p> <p><u>Recommendation</u> During the interview, the entity stated</p>	<p>My Care is in process of developing materials to address this requirement in a written format. This will also be added to our policy, once complete. We estimate this will be implemented no later than 4/30/2021.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Central Response and Action Plan
	that verbal notification of this requirement is provided to EIs. In order to fully address this requirement, materials communicating this regulation must be provided to the EI. The entity should provide this information on their website as well as in written documents to the EI.	
The PCCM-E must provide, at the time of initial contact all required information regarding rights and responsibilities, and appropriate telephone numbers.	<p>This requirement is partially addressed in the DHCP Selection, Notification, Change, and Compliance Policy on page 1.</p> <p><u>Recommendation</u> During the interview, the entity stated that verbal notification of this requirement is provided to EIs. In order to fully address this requirement, materials communicating this regulation must be provided to the EI. The entity should provide this information on their website as well as in written documents to the EI.</p>	My Care is in process of developing materials to address this requirement in a written format. This will also be added to our policy and all materials will be available via our website or hard copy handout, once complete. We estimate this will be implemented no later than 4/30/2021.
The Medication List shall be used during the EI interview of the Health Risk and Psychosocial Assessment to enhance drug use information gathering. The caregiver or family may be present at the interview. Medication List should also include discharge instructions, PCP chart, prescription fill history, and patient report, as appropriate.	<p>This requirement is addressed in the Care Coordinator Medication List Policy on page 2 and in the Care Plan Policy on pages 1 to 2.</p> <p><u>File Review Results</u> Of the 20 general care coordination files reviewed, 18 met the requirement and two were not applicable.</p> <p>Of the 20 maternity care coordination files reviewed, 18 were not applicable, one met the requirement, and one did not meet the requirement.</p> <p><u>Recommendation</u> The entity should ensure that all necessary documentation is included in an EI's record to ensure proper care coordination.</p>	Training has been provided regarding Medication List and required documentation. Pharmacy staff has trained staff on required information for completed Med Review. Staff will continue to follow up and review MED list policy.

EI Materials

A total of 45 standards were reviewed; all were fully compliant.

EI Rights

A total of 10 standards were reviewed; all were fully compliant.

Enrollment/Disenrollment

A total of 11 standards were reviewed; all were fully compliant.

Grievances

A total of six standards were reviewed; all were fully compliant. There was a recommendation that the entity should submit all complaints and grievances to the Agency on the grievances log regardless of how the issue was triaged. My Care Central responded that they will work with the Agency to determine how grievances are classified/defined, and then report all applicable cases within the grievances log going forward.

HIMS

A total of 11 standards were reviewed; 10 were fully compliant, and 1 was partially compliant. This partially compliant HIMS standard is presented in **Table 18**.

Table 18: My Care Central HIMS Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Central Response and Action Plan
<p>The PCCM-E shall have an automated system available every Business Day between the hours of 5:00 p.m. and 8:00 a.m. CT and during weekends and legal holidays. The automated system must include a voice mailbox for callers to leave messages. The PCCM-E shall ensure that the voice mailbox has adequate capacity to receive the reasonably anticipated maximum volume of messages. The PCCM-E must return messages on the next Business Day. This automated system must provide callers with operating instructions on what to do in case of an emergency which must include, at a minimum, the following information in accordance with 42 C.F.R. §438.10(g)(2)(v): The fact that the EI has a right to use any hospital or other setting for emergency care.</p>	<p>This requirement is partially addressed in the policy provided, which states that voicemail outgoing message directs EIs to the ER or to call 911.</p> <p>Recommendation My Care Central should add the EI right to use any hospital or other setting for emergency care to their written policy.</p>	<p>The verbiage will be added to the policy no later than 2/28/2021.</p>

Provider Participation

A total of 12 standards were reviewed; all were fully compliant.

Quality Management

A total of 42 standards were reviewed; 41 were fully compliant, and 1 was partially compliant. This partially compliant quality management standard is presented in **Table 19**.

Table 19: My Care Central Quality Management Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Central Response and Action Plan
<p>Composed of all participating Providers who must have at least one representative (PCP, Physician Assistant, or Nurse Practitioner) from its medical practice to participate over a twelve (12) month period in at least two (2) quarterly Medical Management</p>	<p>This requirement is addressed in the policy and procedure Regional Medical Management Committee, and evidenced within the meeting minutes (which clearly documented the roster, which included an indication of face-to-face or remote prior to COVID-19, as well as detailed meeting</p>	<p>1.) Starting 1st quarter of the 2021 Fiscal year, we began documenting provider participation quarterly based off of the participation requirements set forth in the RFP.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Central Response and Action Plan
meetings in person and one (1) webinar/facilitation exercise with the Network(s) Medical Director.	<p>notes). While a monthly/quarterly participation report template was submitted, this was not populated and thus it is not possible to tell whether all providers had adequate representation at these meetings.</p> <p>Recommendation My Care Central should ensure that provider participation is logged throughout the year so that participation in at least 2 quarterly meetings and one exercise with the Network Medical Director is evidenced.</p>	<p>2.) Provider participation is logged and submitted to the Agency via the Monthly and Quarterly PCP and DHCP Participation reports</p> <p>3.) This process will be updated within the RMMC policy no later than 2/28/2021.</p>

My Care East

Care Coordination

A total of 134 standards were reviewed; 109 were fully compliant, and 25 were partially compliant. These partially compliant care coordination standards are presented in **Table 20**.

Table 20: My Care East Care Coordination Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
The PCCM-E shall establish processes to support Care Coordination for EIs, primarily those that are at highest risk and cost. The processes shall include, but are not limited to, the following: Reducing the potential for risks of catastrophic or severe illness;	<p>This requirement is partially addressed in the Care Plan Policy. The Care Plan Policy outlines how to develop and implement a care plan with specific EI-centered goals; however, the Care Plan Policy does not specifically address catastrophic or severe illness.</p> <p>This requirement is partially addressed in the Quality Improvement Program Policy, which outlines how risk is assessed; however, the policy does not specifically address catastrophic or severe illness.</p> <p>Recommendation During the interview, the entity stated that this requirement is addressed individually for each EI within their care plans, focusing on reducing disease exacerbation; however, this should not only be demonstrated in implementation, but should also be documented within the structure of the program. The entity should add wording to policies and procedures that address this requirement</p>	Wording that addresses this requirement will be added to policies no later than 3/15/2021.

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
<p>As the EI's needs are identified or goals are met, the EI's risk level may change. The PCCM-E will complete a risk reassessment form to change the EI's risk level. At the minimum, a risk assessment must be completed every ninety (90) Calendar Days.</p>	<p>in detail.</p> <p>This requirement is addressed in the Risk Reassessment Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, four met the requirement, one did not meet the requirement, and 15 were not applicable.</p> <p><u>Recommendation</u> The identified file did not meet the required timeframe, with only one risk assessment conducted within 126 days. The entity should ensure that all assessments are conducted within the designated time period.</p>	<p>We will request that our HIMS system create an ongoing report that identifies all EIs with risk reassessments due with-in 30 days.</p> <p>We will re-train staff on timelines.</p> <p>Please note that this timeline will be changed with the new contract amendments.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Meet regularly as outlined in Exhibit G;</p>	<p>This requirement is addressed in the MCT Policy on page 1 and in the Screening and Stratification Policy on pages 2 to 3.</p> <p><u>File Review Results</u> Of the 20 files reviewed, two met the requirement, one did not meet the requirement, and 17 were not applicable.</p> <p><u>Recommendation</u> The identified file had no MCT meeting documented. The entity should ensure that an MCT is established for every EI in active care in order to ensure successful care coordination.</p>	<p>Recommendation Noted. With the new contract amendments, we are implementing a new MCT process, which includes real-time reporting that will allow us to better monitor the timeliness of MCT meetings. We will also conduct ongoing training with staff about the MCT process and timeframes.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Include multi-disciplines;</p>	<p>This requirement is addressed in the MCT Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, two met the requirement, one did not meet the requirement, and 17 were not applicable.</p> <p><u>Recommendation</u> The identified file had no MCT meeting documented. The entity should ensure that an MCT is established for every EI in active care in order to ensure successful care coordination.</p>	<p>Recommendation Noted. With the new contract amendments, we are implementing a new MCT process, which includes real-time reporting that will allow us to better monitor the timeliness of MCT meetings. We will also conduct ongoing training with staff about the MCT process and timeframes.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The</p>	<p>This requirement is addressed in the MCT Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, two met the requirement, one did not meet the requirement, and 17 were not applicable.</p>	<p>Recommendation Noted. With the new contract amendments, we are implementing a new MCT process, which includes real-time reporting that will allow us to better monitor the timeliness of MCT meetings.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
MCT must: Discuss EI's needs, solutions, and potential outcomes; and	<p>Recommendation The identified file had no MCT meeting documented. The entity should ensure that an MCT is established for every EI in active care in order to ensure successful care coordination.</p>	We will also conduct ongoing training with staff about the MCT process and timeframes.
The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Document, in detail, issues as described above and participating staff.	<p>This requirement is addressed in the MCT Policy on page 1.</p> <p>File Review Results Of the 20 files reviewed, two met the requirement, one did not meet the requirement, and 17 were not applicable.</p> <p>Recommendation The identified file had no MCT meeting documented. The entity should ensure that an MCT is established for every EI in active care in order to ensure successful care coordination.</p>	Recommendation Noted. With the new contract amendments, we are implementing a new MCT process, which includes real-time reporting that will allow us to better monitor the timeliness of MCT meetings. We will also conduct ongoing training with staff about the MCT process and timeframes.
Complete a face-to-face Health Risk and Psychosocial Assessment within ten (10) Calendar Days of discharge to ensure appropriate home-based support and services are available;	<p>This requirement is addressed in the Transitional Care Program Policy on page 1.</p> <p>File Review Results Of the 20 files reviewed, two met the requirement, one did not meet the requirement, and 17 were not applicable.</p> <p>Recommendation The file identified had a risk assessment that took place 19 days after discharge. The entity should ensure that all assessments are conducted within the required timeframes.</p>	Noted. We will retrain staff on the timelines. We will also instruct staff to document all attempts to contact the EI within the HIMS.
Implement medication reconciliation in concert with the PCP and Transitional Pharmacist within ten (10) Calendar Days of discharge;	<p>This requirement is addressed in the Transitional Care Program Policy on page 1.</p> <p>File Review Results Of the 20 files reviewed, one met the requirement, two did not meet the requirement, and 17 were not applicable.</p> <p>Recommendation For one of the identified files, medication reconciliation took place 22 days after discharge, and in the other file identified, there was no evidence of medication reconciliation at all. The entity should</p>	Noted. We will retrain staff on the timelines. We will also instruct staff to document all attempts to contact the EI and conduct the medication reconciliation within the HIMS.

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
	<p>ensure that medication reconciliation is conducted at discharge to facilitate proper transitional care, and that designated timeframes are observed.</p>	
<p>Educate EIs regarding medical management, and provide referrals to needed resources within ten (10) Calendar Days of discharge;</p>	<p>This requirement is addressed in the Transitional Care Program Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, two met the requirement, one did not meet the requirement, and 17 were not applicable.</p> <p><u>Recommendation</u> The file identified showed that the EI received education 19 days post discharge. The entity should ensure that required timeframes are observed in order to ensure successful transitional care.</p>	<p>Noted. We will retrain staff on the timelines. We will also instruct staff to document all attempts to contact the EI within the HIMS.</p>
<p>The PCCM-E will implement a program approved by the Agency to integrate and manage all maternal health Care Coordination including family planning, interconception care, prenatal care, and postnatal care. The goal of the program is to reduce maternal and infant morbidity and mortality and improve birth outcomes. EIs will be notified at the time of Medicaid application of the requirement to participate and engage in the PCCM-E Maternity Care Coordination Program.</p>	<p>This requirement is partially addressed in the Integrated Operational Model document and EI Notification Policy.</p> <p><u>Recommendation</u> The policy submitted only marginally demonstrates this requirement; however, more details that capture every part of the regulation are needed. Additionally, the creation of a program description would be informative. During the interview, the entity agreed that there is an opportunity to create additional material to address this requirement.</p>	<p>My Care will be writing a more complete Care Coordination Program overview document to address these requirements more holistically. We estimate the completion of that document no later than 6/30/2021.</p>
<p>The PCCM-E must advise all DHCPs and include language in the ACHN DHCP Participation Agreement of the requirement for Pregnant Women to participate in the network for maternity Care Coordination for the Agency to consider the EI's maternity care a covered service.</p>	<p>This requirement is partially addressed in the participation agreement templates and in the sample agreements executed.</p> <p><u>Recommendation</u> The entity should create a policy to fully address this requirement.</p>	<p>My Care will write a new policy that addresses the participation agreement process, including this requirement. We estimate completion of that document no later than 4/30/2021</p>
<p>Track EIs throughout pregnancy and postpartum periods;</p>	<p>This requirement is addressed in the Maternity Checklist Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, two were applicable for a high-risk face-to-face postpartum visit, but only one of the two files had documentation of this visit. Nine of the files were eligible for a follow-up</p>	<p>We will implement ongoing reporting of High Risk maternity EIs that are entering their 2nd and 3rd trimesters. We will also implement ongoing report of High Risk maternity EIs that have delivered and are due for a postpartum visit.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
	<p>visit in the second/third trimester; four of these files did not have evidence of this follow-up visit.</p> <p><u>Recommendation</u> The entity should ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for eligible EIs.</p>	
<p>Include a maternal health risk identification strategy;</p>	<p>This requirement is addressed in the Risk Stratification for Pregnant EIs Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 19 met the requirement and one did not meet the requirement.</p> <p><u>Recommendation</u> For this identified file, there was a delivery visit with no risk assessment or care plan, with sparse documentation; the EI's risk was deemed low, but there was no documentation to justify this. During the interview, the entity acknowledged that they were aware of this gap in care. The entity should ensure that there is a system in place to identify EIs with missing assessments and care plans, as these are critical for successful care. Additionally, documentation should be included in every EI's file to justify risk ratings.</p>	<p>Noted. We will conduct additional staff training addressing this issue.</p>
<p>Include a maternal health screening within five (5) Business Days of contact with the EI;</p>	<p>This requirement is addressed in the Risk Stratification for Pregnant EIs Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 17 met the requirement and three did not meet the requirement.</p> <p><u>Recommendation</u> Of the non-compliant three files, two files did not meet the required timeframe and one file did not have a screening in the record. The entity should ensure that there is a system in place to identify EIs missing screenings in order to conduct them as expediently as possible; proper</p>	<p>Noted. We have had a change in our process since the beginning of the program, and our CHWs now screen the forms. Cases are deferred after 3 unsuccessful contact attempts and the DHCP is notified to assist.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
	timeframes also need to be observed for the execution of the screening.	
<p>Include a maternal Health Risk and Psychosocial Assessment for all EIs at the first face-to-face initial assessment.</p>	<p>This requirement is addressed in the Risk Stratification for Pregnant EIs Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 19 met the requirement and one did not meet the requirement.</p> <p><u>Recommendation</u> For this identified file, there was a delivery visit with no assessment conducted. The entity should implement a system to identify EIs with missing assessments.</p>	<p>Noted. We will conduct additional staff training addressing this issue. In addition, we will ensure that our internal audits review the timely completion of all assessments</p>
<p>The PCCM-E must develop a maternal health Care Plan for all pregnant EIs. The Care Plan must: Be initiated and completed by the Care Coordinator within seven (7) Business Days of the initial encounter;</p>	<p>This requirement is addressed in the Maternal Care Plan Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 19 met the requirement and one did not meet the requirement.</p> <p><u>Recommendation</u> For this identified file, there was a delivery visit with no care plan created, and no justification about the missing documentation. The entity should ensure that there is a system in place to identify EIs with missing care plans.</p>	<p>Noted. We will conduct additional staff training addressing this issue. In addition, we will ensure that our internal audits review the timely completion of all documentation</p>
<p>Be patient/caregiver centered with a team approach; and</p>	<p>This requirement is addressed in the Maternal Care Plan Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 17 met the requirement and three did not meet the requirement.</p> <p><u>Recommendation</u> Of the three non-compliant files, two files did not include EI-specific risks in care planning. One file did not have a care plan at all: during the interview, the entity rebutted that for delivery encounters, care plans are not necessary, however, the EI's chart began over a month before delivery, which included notes regarding enrollment around this time. The entity should ensure that there is a system in place to identify EIs with missing care</p>	<p>We will continue to train and reinforce the importance of a patient centered and comprehensive care plans. Additional training to include appropriate documentation of service referral needs and/or refusal of services.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
	plans, and ensure that the care plans address all EI needs and EI-specific risks.	
Include the PCPs/community agencies as appropriate.	<p>This requirement is addressed in the Maternal Care Plan Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 19 met the requirement and one did not meet the requirement.</p> <p><u>Recommendation</u> For this identified file, there was a delivery visit with no coordination with PCP. To ensure proper care coordination, the entity should include the PCP in creating care plans.</p>	We will continue to train and reinforce the importance of a patient centered and comprehensive care plans. Additional training to include appropriate documentation of service referral needs and/or refusal of services
The PCCM-E must provide Care Coordination for newborns delivered with no prenatal care. Care Coordination for newborns who did not benefit from pre-natal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator. The following services shall be provided to the newborn’s mother:	<p>This requirement is addressed in the Newborns with no Prenatal Care Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, none of the files were applicable for newborn care coordination, as all 20 files had evidence of prenatal care. Fourteen of the files were applicable for a delivery encounter; however, only thirteen of these files had a delivery visit or missed delivery visit within 20 calendar days.</p> <p><u>Recommendation</u> The entity should ensure that EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.</p>	Entity will request an ongoing HIMS report to include all EIs that have an active Hospital Delivery Encounter Form with EIs With No Prenatal Care, so that we can actively work to enroll the newborn in care coordination. In addition, we will instruct staff to better document the details regarding why they did not have prenatal care or were not enrolled in care coordination prior to delivery. Training and reinforcement with staff to ensure those newborns are enrolled into services will continue.
Counseling on contraception and family planning services; and	<p>This requirement is addressed in the Newborns with no Prenatal Care Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 15 files met the requirement, one did not meet the requirement, and four were not applicable.</p> <p><u>Recommendation</u> The file identified had missing follow-up visits, no delivery encounter, and no documentation of counseling. During the interview, the entity stated that there were multiple attempts to contact the EI,</p>	We will continue to train and reinforce the importance of a patient centered and comprehensive care plans.

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
	<p>however this is not included in the record. The entity should ensure that counseling is provided to EIs, and if there are communication issues, these need to be documented within the record.</p>	
<p>Counseling on appropriate postpartum care</p>	<p>This requirement is addressed in the Newborns with no Prenatal Care Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 15 files met the requirement, one did not meet the requirement, and four were not applicable.</p> <p><u>Recommendation</u> The file identified had missing follow-up visits, no delivery encounter, and no documentation of counseling. During the interview, the entity stated that there were multiple attempts to contact the EI, however, this is not included in the record. The entity should ensure that counseling is provided to EIs, and if there are communication issues, these need to be documented within the record.</p>	<p>We will continue to train and reinforce the importance of a patient centered and comprehensive care plans. Additional training to include appropriate documentation of service referral needs and/or refusal of services.</p>
<p>EIs must be allowed to change a DHCP once without cause within the first ninety (90) Calendar Days of selecting a DHCP and at any time for just cause, which is defined as a valid complaint submitted orally or in writing to the PCCM-E.</p>	<p>This requirement is partially addressed in the DHCP Selection, Notification, Change, and Compliance Policy on page 1.</p> <p><u>Recommendation</u> During the interview, the entity stated that verbal notification of this requirement is provided to EIs. In order to fully address this requirement, materials communicating this regulation must be provided to the EI. The entity should provide this information on their website as well as in written documents to the EI.</p>	<p>My Care is in process of developing materials to address this requirement in a written format. This will also be added to our policy, once complete. We estimate this will be implemented no later than 4/30/2021.</p>
<p>The PCCM-E must inform the EI of the EI's rights to change DHCPs, with and without cause at the initial contact and at least once per year.</p>	<p>This requirement is partially addressed in the DHCP Selection, Notification, Change, and Compliance Policy on page 1 and in the screenshot provided that demonstrates verbal notification of this requirement.</p> <p><u>Recommendation</u> During the interview, the entity stated that verbal notification of this requirement is provided to EIs. In order to fully address this requirement, materials</p>	<p>My Care is in process of developing materials to address this requirement in a written format. This will also be added to our policy, once complete. We estimate this will be implemented no later than 4/30/2021.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
	communicating this regulation must be provided to the EI. The entity should provide this information on their website as well as in written documents to the EI.	
The PCCM-E must provide, at the time of initial contact all required information regarding rights and responsibilities, and appropriate telephone numbers.	<p>This requirement is partially addressed in the DHCP Selection, Notification, Change, and Compliance Policy on page 1.</p> <p>Recommendation During the interview, the entity stated that verbal notification of this requirement is provided to EIs. In order to fully address this requirement, materials communicating this regulation must be provided to the EI. The entity should provide this information on their website as well as in written documents to the EI.</p>	My Care is in process of developing materials to address this requirement in a written format. This will also be added to our policy and all materials will be available via our website or hard copy handout, once complete. We estimate this will be implemented no later than 4/30/2021.
The Medication List shall be used during the EI interview of the Health Risk and Psychosocial Assessment to enhance drug use information gathering. The caregiver or family may be present at the interview. Medication List should also include discharge instructions, PCP chart, prescription fill history, and patient report, as appropriate.	<p>This requirement is addressed in the Care Coordinator Medication List Policy on page 2 and in the Care Plan Policy on pages 1 to 2.</p> <p>File Review Results Of the 20 general care coordination files reviewed, 18 met the requirement, one was not applicable, and one did not meet the requirement.</p> <p>Of the 20 maternity care coordination files reviewed, 16 were not applicable and four met the requirement.</p> <p>Recommendation The file identified had an incomplete medication list, as it was missing the discharge instruction, prescription fill history, and the PCP chart. During the interview, the entity reported that there have been issues obtaining discharge summaries due to the COVID pandemic. The entity should attempt to obtain full documentation whenever possible, but also document in the EI's record when issues arise.</p>	Noted. Moving forward, we will clearly document any issues we have in receiving discharge summaries or PCP records. We will retrain staff on collecting the medication list.

EI Materials

A total of 45 standards were reviewed; all were fully compliant.

EI Rights

A total of 10 standards were reviewed; all were fully compliant.

Enrollment/Disenrollment

A total of 11 standards were reviewed; all were fully compliant.

Grievances

A total of six standards were reviewed; all were fully compliant.

HIMS

A total of 11 standards were reviewed; 10 were fully compliant, and 1 was partially compliant. This partially compliant HIMS standard is presented in **Table 21**.

Table 21: My Care East HIMS Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
The fact that the EI has a right to use any hospital or other setting for emergency care.	<p>This requirement is partially addressed in the policy provided, which states that voicemail outgoing message directs EIs to the ER or to call 911.</p> <p>Recommendation My Care East should add the EI right to use any hospital or other setting for emergency care to their written policy.</p>	The verbiage will be added to the policy no later than 2/28/2021.

Provider Participation

A total of 12 standards were reviewed; all were fully compliant.

Quality Management

A total of 42 standards were reviewed; 41 were fully compliant, and 1 was partially compliant. This partially compliant quality management standard is presented in **Table 22**.

Table 22: My Care East Quality Management Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
Composed of all participating Providers who must have at least one representative (PCP, Physician Assistant, or Nurse Practitioner) from its medical practice to participate over a twelve (12) month period in at least two (2) quarterly Medical Management meetings in person and one (1) webinar/facilitation exercise with the Network(s) Medical Director.	<p>This requirement is addressed in the policy and procedure Regional Medical Management Committee. My Care East submitted meeting minutes (which documented very nicely the “in-person” and “WebEx” attendance), however it was unclear from these minutes and the monthly/quarterly provider participation report if each provider had adequate representation at these meetings (i.e., attended at least 2 of the meetings and 1 exercise with the Network Medical Director).</p> <p>During the interview, My Care East indicated that their Quality Manager reached out to all providers who have not attended a Medical Management</p>	<p>1.) My Care East has added a Performance Incentive Plan (PIP) goal for all care coordinators to conduct 4- 6 Outreach calls/visits to their assigned Providers per quarter. During these calls/visits, care coordinators will educate them on requirements related to active participation, as well as how attendance in the Medical Management meetings affects the quality bonus or provider participation rates.</p> <p>2.) My Care Easts Medical Director, QCM and ED will also outreach to providers</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care East Response and Action Plan
	<p>meeting. Further, the entity will add a performance goal for care coordinators that include provider outreach to bolster participation in these meetings.</p> <p>Recommendation My Care East should continue to work with providers to educate them on the requirements related to active participation, as well as how attendance in the Medical Management meetings affects the quality bonus or provider participation rates.</p>	<p>throughout each quarter and let them know where they stand on meeting the participation requirements, so that Providers will have adequate time to meet the requirements.</p> <p>3.) This process will be updated within the RMMC policy no later than 2/28/2021.</p>

My Care Northwest

Care Coordination

A total of 134 standards were reviewed; 118 were fully compliant, and 16 were partially compliant. These partially compliant care coordination standards are presented in **Table 23**.

Table 23: My Care Northwest Care Coordination Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Northwest Response and Action Plan
<p>The PCCM-E shall establish processes to support Care Coordination for EIs, primarily those that are at highest risk and cost. The processes shall include, but are not limited to, the following: Reducing the potential for risks of catastrophic or severe illness;</p>	<p>This requirement is partially addressed in the Care Plan Policy. The Care Plan Policy outlines how to develop and implement a care plan with specific EI-centered goals; however, the Care Plan Policy does not specifically address catastrophic or severe illness.</p> <p>This requirement is partially addressed in the Quality Improvement Program Policy – it outlines how risk is assessed; however, the policy does not specifically address catastrophic or severe illness.</p> <p>Recommendation During the interview, the entity responded that the care plan is structured to address and monitor risks, and that the nature of patient-centered care planning is meant to prevent catastrophic or severe illness; additionally, the entity supplemented that the quality improvement plan is meant to track EIs to further reduce those risks. The entity should add to their policies specific wording that addresses this requirement.</p>	<p>Wording that addresses this requirement will be added to policies no later than 3/15/2021</p>
<p>EIs identified in the health risk screening and stratification as medium risk or high risk must receive a face-to-face Health</p>	<p>This requirement is addressed in the Health Risk Screening and Stratification Policy on page 1.</p> <p><u>File Review Results</u></p>	<p>Recommendation Noted. We will include this as part of our internal audit checklist, starting 4/1/2021.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Northwest Response and Action Plan
<p>Risk and Psychosocial Assessment conducted by a Care Coordinator, Behavioral Health Nurse or a Transitional Care Nurse.</p>	<p>Of the 20 files reviewed, 17 met the requirement, two did not meet the requirement, and one was not applicable.</p> <p><u>Recommendation</u> During the interview, the two files that were deemed non-compliant were identified to be active family planning cases, and the entity stated that family planning cases do not require the same stipulations as general care coordination cases; however, Exhibit J mandates family planning cases to conduct the Health Risk and Psychosocial Assessments. The entity should ensure that all required screenings and assessments are conducted appropriately.</p>	
<p>As the EI's needs are identified or goals are met, the EI's risk level may change. The PCCM-E will complete a risk reassessment form to change the EI's risk level. At the minimum, a risk assessment must be completed every ninety (90) Calendar Days.</p>	<p>This requirement is addressed in the Risk Reassessment Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, six met the requirement, two did not meet the requirement, and 12 were not applicable.</p> <p><u>Recommendation</u> Of the two files that did not meet compliance, one file had evidence of a risk reassessment that took place 146 days after the initial assessment. In the other file, 115 days passed between risk assessments, but during the interview, the entity had reported difficulty contacting the EI; upon re-review, there was only one missed call attempt on the record. The entity should ensure that risk assessments take place within the required time frame, and to document any difficulties contacting the EI.</p>	<p>We will request that our HIMS system create an ongoing report that identifies all EIs with risk reassessments due with-in 30 days.</p> <p>We will re-train staff on timelines.</p> <p>Please note that this timeline will be changed with the new contract amendments.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Meet regularly as outlined in Exhibit G;</p>	<p>This requirement is addressed in the MCT Policy on page 1 and in the Screening and Stratification Policy on pages 2 to 3.</p> <p><u>File Review Results</u> Of the 20 files reviewed, four met the requirement, three did not meet the requirement, and 13 were not applicable.</p> <p><u>Recommendation</u> For all three files that did not demonstrate compliance, MCT meetings were not conducted according to the schedule stipulated by Exhibit G, based on risk scores. The entity should ensure that the MCT meets within the required timeframes.</p>	<p>Recommendation Noted. With the new contract amendments, we are implementing a new MCT process, which includes real-time reporting that will allow us to better monitor the timeliness of MCT meetings. We will also conduct ongoing training with staff about the MCT process and timeframes.</p>
<p>The PCCM-E will implement a</p>	<p>This requirement is partially addressed in the</p>	<p>My Care will be writing a more</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Northwest Response and Action Plan
<p>program approved by the Agency to integrate and manage all maternal health Care Coordination including family planning, interconception care, prenatal care, and postnatal care. The goal of the program is to reduce maternal and infant morbidity and mortality and improve birth outcomes. EIs will be notified at the time of Medicaid application of the requirement to participate and engage in the PCCM-E Maternity Care Coordination Program.</p>	<p>Integrated Operational Model document and EI Notification Policy.</p> <p>Recommendation The policy submitted only marginally demonstrates this requirement; more details that capture every part of the regulation are needed. Additionally, the creation of a program description would be informative. During the interview, the entity agreed that there is an opportunity to create additional material to address this requirement.</p>	<p>complete Care Coordination Program overview document to address these requirements more holistically. We estimate the completion of that document no later than 6/30/2021.</p>
<p>The PCCM-E must advise all DHCPs and include language in the ACHN DHCP Participation Agreement of the requirement for Pregnant Women to participate in the network for maternity Care Coordination for the Agency to consider the EI's maternity care a covered service.</p>	<p>This requirement is partially addressed in the participation agreement templates and in the agreements executed with ECM Health Group, OBGYN Association of NW AL, and Winfield Ob/Gyn.</p> <p>Recommendation The entity should create a policy to address this requirement</p>	<p>My Care will write a new policy that addresses the participation agreement process, including this requirement. We estimate completion of that document no later than 4/30/2021.</p>
<p>Track EIs throughout pregnancy and postpartum periods;</p>	<p>This requirement is addressed in the Maternity Checklist Policy on page 1.</p> <p>File Review Results Seven of the 20 files reviewed were applicable for a high risk postpartum encounter, but only three of these files had evidence of this visit. Thirteen of the files were eligible for a follow-up visit in the second/third trimester; however, two of these files did not have evidence of this follow-up visit.</p> <p>Recommendation The entity should ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for eligible EIs.</p>	<p>We will implement ongoing reporting of High Risk maternity EIs that are entering their 2nd and 3rd trimesters. We will also implement ongoing report of High Risk maternity EIs that have delivered and are due for a postpartum visit.</p>
<p>The PCCM-E must develop a maternal health Care Plan for all pregnant EIs. The Care Plan must: Be initiated and completed by the Care Coordinator within seven (7) Business Days of the initial encounter;</p>	<p>This requirement is addressed in the Maternal Care Plan Policy on page 1.</p> <p>File Review Results Of the 20 files reviewed, 19 met the requirement and 1 did not meet the requirement.</p> <p>Recommendation</p>	<p>Entity will continue to adhere to an internal policy of care plan completed within five days of enrollment. Additional training and reinforcement regarding timelines will be provided to all CC.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Northwest Response and Action Plan
	<p>During the interview, the file identified to be non-compliant was discussed and the entity stated that there had been no time to complete the Care Plan, as care coordination services commenced only two weeks before the delivery; however, this requirement stipulates a stricter timeframe of seven business days for the initiation and completion of a Care Plan. The entity should ensure that Care Plans are executed in a timely manner.</p>	
<p>Be patient/caregiver centered with a team approach; and</p>	<p>This requirement is addressed in the Maternal Care Plan Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 15 met the requirement and five did not meet the requirement.</p> <p>Recommendation Of the five files that did not demonstrate compliance, one file did not have a Care Plan at all and four files documented a variety of health issues, chronic conditions, and mental health issues that were not addressed. The entity should ensure that all EI needs are addressed to inform a thorough Care Plan.</p>	<p>Entity will continue to train and reinforce the importance of a patient centered and comprehensive care plans. Additional training to include appropriate documentation of service referral needs and/or refusal of services.</p>
<p>Include the PCPs/community agencies as appropriate.</p>	<p>This requirement is addressed in the Maternal Care Plan Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 17 files met the requirement, one did not meet the requirement, and two were not applicable.</p> <p>Recommendation The EI in the non-compliant file had a mental health issue that was not addressed – there was no outreach to resources and no coordination of care with mental health services. To ensure proper care coordination, the entity should include PCP and community agencies in Care Plan creation and implementation.</p>	<p>We will continue to train and reinforce the importance of a patient centered and comprehensive care plans. Additional training to include appropriate documentation of service referral needs and/or refusal of services.</p>
<p>The PCCM-E must provide Care Coordination for newborns delivered with no prenatal care. Care Coordination for newborns who did not benefit from pre-natal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator.</p>	<p>This requirement is addressed in the Newborns with no Prenatal Care Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, there was one file that did not have notation of whether the EI received prenatal care, and so it could not be determined if newborn care coordination was required. Seventeen of the files were applicable for a delivery encounter; however, only 16 of these files had a delivery visit or missed delivery encounter within</p>	<p>We will request an ongoing HIMS report to include all EIs that have an active Hospital Delivery Encounter Form with EIs With No Prenatal Care, so that we can actively work to enroll the newborn in care coordination. In addition, we will instruct staff to better document the details regarding why they did not have prenatal</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Northwest Response and Action Plan
	<p>20 calendar days.</p> <p><u>Recommendation</u> The entity should ensure that newborn care coordination is conducted for all EIs with a newborn delivery who did not receive prenatal care. EIs eligible for a delivery encounter should receive a delivery visit or missed delivery visit within 20 calendar days.</p>	<p>care or were not enrolled in care coordination prior to delivery. Training and reinforcement with staff to ensure those newborns are enrolled into services will continue.</p>
<p>The PCCM-E must provide Care Coordination for newborns delivered with no prenatal care. Care Coordination for newborns who did not benefit from pre-natal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator. The following services shall be provided to the newborn's mother: Counseling on appropriate postpartum care.</p>	<p>This requirement is addressed in the Newborns with no Prenatal Care Policy on page 1.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 15 met the requirement, two did not meet the requirement, and three were not applicable.</p> <p><u>Recommendation</u> There was no evidence of postpartum care counseling for two of the files. The entity should ensure that counseling is conducted appropriately for maternal care coordination.</p>	<p>We will continue to train and reinforce the importance of a patient centered and comprehensive care plans. Additional training to include appropriate documentation of service referral needs and/or refusal of services.</p>
<p>EIs must be allowed to change a DHCP once without cause within the first ninety (90) Calendar Days of selecting a DHCP and at any time for just cause, which is defined as a valid complaint submitted orally or in writing to the PCCM-E.</p>	<p>This requirement is partially addressed in the DHCP Selection, Notification, Change, and Compliance Policy on page 1.</p> <p><u>Recommendation</u> During the interview, the entity stated that verbal notification of this requirement is provided to EIs. In order to fully address this requirement, materials communicating this regulation must be provided to the EI. The entity should provide this information on their website as well as in written documents to the EI.</p>	<p>My Care is in process of developing materials to address this requirement in a written format. This will also be added to our policy, once complete. We estimate this will be implemented no later than 4/30/2021.</p>
<p>The PCCM-E must inform the EI of the EI's rights to change DHCPs, with and without cause at the initial contact and at least once per year.</p>	<p>This requirement is partially addressed in the DHCP Selection, Notification, Change, and Compliance Policy on page 1 and in the screenshot provided that demonstrates verbal notification of this requirement.</p> <p><u>Recommendation</u> During the interview, the entity stated that verbal notification of this requirement is provided to EIs. In order to fully address this requirement, materials communicating this regulation must be provided to the EI. The entity should provide this information on their website as well as in written documents to the EI.</p>	<p>My Care is in process of developing materials to address this requirement in a written format. This will also be added to our policy, once complete. We estimate this will be implemented no later than 4/30/2021.</p>
<p>The PCCM-E must provide, at the time of initial contact all required information regarding</p>	<p>This requirement is partially addressed in the DHCP Selection, Notification, Change, and Compliance Policy on page 1.</p>	<p>My Care is in process of developing materials to address this requirement in a written</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Northwest Response and Action Plan
rights and responsibilities, and appropriate telephone numbers.	<p>Recommendation</p> <p>During the interview, the entity stated that verbal notification of this requirement is provided to EIs. In order to fully address this requirement, materials communicating this regulation must be provided to the EI. The entity should provide this information on their website as well as in written documents to the EI.</p>	format. This will also be added to our policy and all materials will be available via our website or hard copy handout, once complete. We estimate this will be implemented no later than 4/30/2021.
The Medication List shall be used during the EI interview of the Health Risk and Psychosocial Assessment to enhance drug use information gathering. The caregiver or family may be present at the interview. Medication List should also include discharge instructions, PCP chart, prescription fill history, and patient report, as appropriate.	<p>This requirement is addressed in the Care Coordinator Medication List Policy on page 2 and in the Care Plan Policy on pages 1 to 2.</p> <p>File Review Results</p> <p>Of the 20 general care coordination files reviewed, 16 met the requirement and two did not meet the requirement.</p> <p>Of the 20 maternity care coordination files reviewed, four met the requirement and 16 were not applicable.</p> <p>Recommendation</p> <p>There was no Medication List for the two files that did not demonstrate compliance. The entity should ensure that the Medication List is included to enhance drug use information gathering.</p>	We will continue to train and reinforce Medication List compliance with a focus on having CCs document the review of the HIMS Medication claims feed.

EI Materials

A total of 45 standards were reviewed; all were fully compliant.

EI Rights

A total of 10 standards were reviewed; all were fully compliant.

Enrollment/Disenrollment

A total of 11 standards were reviewed; all were fully compliant.

Grievances

A total of six standards were reviewed; all were fully compliant. There was a recommendation for the entity to submit all complaints and grievances to the Agency on the grievances log regardless of how the issue was triaged. My Care stated they will work with the Agency to determine how grievances are classified/defined, and then report all applicable cases within the grievances log going forward.

HIMS

A total of 11 standards were reviewed; 10 were fully compliant, and 1 was partially compliant. This partially compliant HIMS standard is presented in **Table 24**.

Table 24: My Care Northwest HIMS Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Northwest Response and Action Plan
<p>The fact that the EI has a right to use any hospital or other setting for emergency care.</p>	<p>This requirement is partially addressed in the policy provided, which states that voicemail outgoing message directs EIs to the ER or to call 911.</p> <p>Recommendation My Care NW should add the EI right to use any hospital or other setting for emergency care to their written policy.</p>	<p>The verbiage will be added to the policy no later than 2/28/2021.</p>

Provider Participation

A total of 12 standards were reviewed; all were fully compliant.

Quality Management

A total of 42 standards were reviewed; 41 were fully compliant, and 1 was partially compliant. This partially compliant quality management standard is presented in **Table 25**.

Table 25: My Care Northwest Quality Management Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	My Care Northwest Response and Action Plan
<p>The PCCM-E must establish and is responsible for a Region Medical Management Committee which satisfies the following requirements: Composed of all participating Providers who must have at least one representative (PCP, Physician Assistant, or Nurse Practitioner) from its medical practice to participate over a twelve (12) month period in at least two (2) quarterly Medical Management meetings in person and one (1) webinar/facilitation exercise with the Network(s) Medical Director.</p>	<p>This requirement is addressed in the policy and procedure Regional Medical Management Committee, and evidenced within the meeting minutes. While a monthly/quarterly participation report template was submitted, this was not populated and thus it is not possible to tell whether all providers had adequate representation at these meetings.</p> <p>Recommendation My Care NW should ensure that provider participation is logged throughout the year so that participation in at least two quarterly meetings and one exercise with the Network Medical Director is evidenced.</p>	<p>1.) Starting 1st quarter of the 2021 Fiscal year, we began documenting provider participation quarterly based off of the participation requirements set forth in the RFP.</p> <p>2.) Provider participation is logged and submitted to the Agency via the Monthly and Quarterly PCP and DHCP Participation reports</p> <p>3.) This process will be updated within the RMMC policy no later than 2/28/2021.</p>

North Alabama Community Care

Care Coordination

A total of 134 standards were reviewed; 116 were fully compliant, and 18 were partially compliant. These partially compliant care coordination standards are presented in **Table 26**.

Table 26: NACC Care Coordination Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
<p>As the EI's needs are identified or goals are met, the EI's risk level may change. The PCCM-E will complete a risk reassessment form to change the EI's risk level. At the minimum, a risk assessment must be completed every ninety (90) Calendar Days.</p>	<p>This requirement is addressed in the 90 Day Reassessment Policy and Procedure.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 16 met the requirement, one did not meet the requirement, and three were not applicable.</p> <p>Recommendation Initially during the interview, IPRO had identified the non-compliant file as not having completed the risk assessment within the required timeframe. At the time, the entity had indicated that the case had been closed, so the assessment was not conducted. The Agency clarified that the EI must be reassessed in order to see if goals are met and that closing the case is warranted. Upon additional review post-interview, the entity stated that the case was deferred and closed after loss of contact; however, there is no documentation of attempts to contact the EI.</p> <p>The entity should ensure that risk assessments are conducted within the required timeframe, which could determine if goals have been met and that the case can be closed. Further, when an EI is unable to be reached, the entity should document all contact attempts to ensure due diligence is met.</p>	<p>On Monday, January 25th, NACC's audit results were reviewed with the General Care Coordination staff. Care Coordinators were retrained on Risk Assessment requirements and mandatory documentation of all attempts to contact EIs.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Meet regularly as outlined in Exhibit G;</p>	<p>This requirement is addressed in the Multidisciplinary Care Team Policy and Procedure.</p> <p><u>File Review Results</u> Of the 20 files reviewed, four met the requirement, two did not meet the requirement, and 14 were not applicable.</p> <p>Recommendation (applies to all of the following MCT requirements) There was continued discussion between the entity and IPRO post-interview to discuss the identified files that did not demonstrate compliance. Although the entity did provide some clarity as to why certain files had been closed before an MCT could meet because goals had been achieved, there were still remaining issues where the entity's response did not justify a change of determination for</p>	<p>On Monday, January 25th, NACC's audit results were reviewed with the General Care Coordination staff. Care Coordinators were retrained all current MCT Requirements including conducting regularly scheduled MCTs and ensuring a MCT for any patient for which it is deemed beneficial. Careful review of case prior to closure and documentation of all contact attempts were reinforced as well. NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
	<p>these files.</p> <p>One file had been closed due to loss of contact, however that history of failed outreach had not been documented. Another file had been closed with seemingly no reason, despite goals not having been met, as well as the EI being readmitted. The entity should ensure that closing of cases are warranted and fully reviewed before action, and that all outreach attempts are documented if communication with the EI is proving difficult.</p> <p>One file was closed because the singular goal the coordinator had set had been accomplished; however, the other issues clearly stated throughout the file were not addressed, nor was follow-up conducted. The case seemed to be closed expediently despite how the EI could have benefited from an MCT. Although the review determination for this file was ultimately changed to non-applicable to reflect the most basic properties of this requirement, there is an opportunity to analyze how care plan goals are created, which would impact MCT involvement.</p>	<p>These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will to review/retrain on deficiencies a minimum of quarterly.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Include multi-disciplines;</p>	<p>This requirement is addressed in the Multidisciplinary Care Team Policy and Procedure.</p> <p><u>File Review Results</u> Of the 20 files reviewed, four met the requirement, two did not meet the requirement, and 14 were not applicable.</p>	<p>On Monday, January 25th, NACC's audit results were reviewed with the General Care Coordination staff. Care Coordinators were retrained on all current MCT Requirements including ensuring MCTs include appropriate multi-disciplines.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Discuss EI's needs, solutions, and potential outcomes;</p>	<p>This requirement is addressed in the Multidisciplinary Care Team Policy and Procedure.</p> <p><u>File Review Results</u> Of the 20 files reviewed, four met the requirement, two did not meet the requirement, and 14 were not applicable.</p>	<p>NACC will review/retrain on deficiencies a minimum of quarterly.</p> <p>On Monday, January 25th, NACC's audit results were reviewed with the General Care Coordination staff. Care Coordinators were retrained on all current MCT Requirements including mandatory discussion of EI's needs, solutions, and potential outcomes.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>The MCT shall meet at an appropriate location or venue in the Region such as the PCCM-E's office, hospital, community mental health center, clinical practice or clinical group practice, or an academic health center. The participation may be by telephone. The MCT must: Document, in detail, issues as described above and participating staff.</p>	<p>This requirement is addressed in the Multidisciplinary Care Team Policy and Procedure.</p> <p><u>File Review Results</u> Of the 20 files reviewed, four met the requirement, two did not meet the requirement, and 14 were not applicable.</p>	<p>On Monday, January 25th, NACC's audit results were reviewed with the General Care Coordination staff. Care Coordinators were retrained all current MCT Requirements including mandatory documentation, in detail, of all issues and participating staff.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
		<p>These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>Consultation to the MCT regarding behavioral health issues or topics and resources in the area;</p>	<p>This requirement is addressed in the North Alabama Community Care Behavioral Health Program Description.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 2 met the requirement, 1 did not meet the requirement, and 17 were not applicable.</p> <p><u>Recommendation</u> There was one file that did not meet the requirement, in which there was a noted behavioral health issue yet consultation regarding this was not noted with the MCT. The entity should ensure that the MCT is consulted for all aspects of the EI's needs, including behavioral health, in order to fully integrate and coordinate care.</p>	<p>On Monday, January 25th, NACC's audit results were reviewed with the General Care Coordination staff. Care Coordinators were retrained on all current MCT Requirements. Mandatory requirements that all needs/issues, including behavioral health when indicated, be addressed were reviewed and reinforced.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>Transitional Care Process. The Transitional Care Nurses and/or Transitional Care Team will establish processes to assist EIs in their transition from a facility to the community setting to</p>	<p>This requirement is partially addressed in the Transitional Care Program description which includes review of daily hospital census reports with a timeframe of once per week at a minimum.</p> <p><u>Recommendation</u></p>	<p>NACC has updated language to reflect review of census one time daily in the Transition of Care Program description.</p> <p>NACC will update policy and</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
include, but not be limited to, the following: Reviewing daily census at inpatient or residential settings to identify EIs needing support at discharge;	The entity should change the wording of the policy to reflect the frequency dictated in the requirement, as the entity had acknowledged during the interview.	procedure to reflect frequency dictated in the RFP requirement and submits to the Alabama Medicaid Agency on or before March 5, 2021.
Complete a face-to-face Health Risk and Psychosocial Assessment within ten (10) Calendar Days of discharge to ensure appropriate home-based support and services are available;	<p>This requirement is addressed in the Transitional Care Program description.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 7 met the requirement, 12 were not applicable and 1 did not meet the requirement.</p> <p><u>Recommendation</u> The entity should ensure that all assessments are conducted within the required timeframes.</p>	<p>On Monday, January 25th, NACC’s audit results were reviewed with the General Care Coordination staff.</p> <p>Care Coordinators were retrained on mandatory requirements that all assessments must be conducted within required timeframes.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
Implement medication reconciliation in concert with the PCP and Transitional Pharmacist within ten (10) Calendar Days of discharge;	<p>This requirement is addressed in the Transitional Care Program description.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 7 met the requirement, 12 were not applicable and 1 did not meet the requirement.</p> <p><u>Recommendation</u> The entity should ensure that medication reconciliation is conducted within required timeframes to ensure proper transitional care.</p>	<p>On Monday, January 25th, NACC’s audit results were reviewed with the General Care Coordination staff. Care Coordinators were retrained on the required timeframes for medication reconciliation to ensure proper transitional care.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
		<p>areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>Educate EIs regarding medical management, and provide referrals to needed resources within ten (10) Calendar Days of discharge;</p>	<p>This requirement is addressed in the Transitional Care Program description.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 7 met the requirement, 12 were not applicable and 1 did not meet the requirement.</p> <p><u>Recommendation</u> The entity should ensure that the EI is properly educated and provided referrals within required timeframes to ensure proper transitional care.</p>	<p>On Monday, January 25th, NACC's audit results were reviewed with the General Care Coordination staff. Care Coordinators were retrained on the importance of providing applicable education to EIs and referrals to needed resources within ten (10) Calendar Days of discharge.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p>
<p>Track EIs throughout pregnancy and postpartum periods;</p>	<p>This requirement is addressed in the North Alabama Community Care Maternity Care Coordination Program Description.</p> <p><u>File Review Results</u> Of the 20 files reviewed, seven were applicable for a high-risk face-to-face postpartum visit, yet only three had documentation of this visit. Ten of the files were eligible for a follow-up visit in the second/third trimester; two of these files did not have evidence of this follow-up visit.</p>	<p>On February 1, 2021, NACC Maternity Care Coordinators were provided audit results and information on the requirement that post- partum visits must be conducted on all high risk pregnancies.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
	<p>Recommendations</p> <p>The entity should ensure that high-risk face-to-face postpartum visits are executed, where applicable. Additionally, follow-up visits in the second/third trimester should be implemented for eligible EIs.</p>	<p>conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>Include a maternal health screening within five (5) Business Days of contact with the EI;</p>	<p>This requirement is addressed in the Maternity Care Coordination Policy and Procedure.</p> <p>File Review Results</p> <p>Of the 20 files reviewed, 19 met the requirement and one did not meet the requirement.</p> <p>Recommendation</p> <p>The file that did not meet the requirement had a screening that occurred months after initial contact. The entity should ensure that all timeframes are met.</p>	<p>On February 1, 2021, NACC Maternity Care Coordinators were provided audit results and information on the requirement that a maternal health screening must be conducted within five (5) business days of contact with the EI.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>The PCCM-E must develop a maternal health Care Plan for all pregnant EIs. The Care Plan must: Be initiated and completed by the Care Coordinator within seven (7) Business Days of the</p>	<p>This requirement is addressed in the Maternity Care Coordination Policy and Procedure.</p> <p>File Review Results</p> <p>Of the 20 files reviewed, 17 met the requirement and three did not meet the</p>	<p>On February 1, 2021, NACC Maternity Care Coordinators were provided audit results and information on the requirement that care plans must be completed within seven (7)</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
initial encounter;	<p>requirement.</p> <p>Recommendation The three files that were non-compliant did not have care plans. The entity should ensure that Care Coordinators are properly trained to execute the creation of the care plan within the required timeframe, as this is a central part to the success of care coordination and the pregnancy as a whole.</p>	<p>business days of the initial encounter and that is critical to the success of care coordination and the pregnancy as a whole.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
The PCCM-E must develop a maternal health Care Plan for all pregnant EIs. The Care Plan must: Be patient/caregiver centered with a team approach;	<p>This requirement is addressed in the Maternity Care Coordination Policy and Procedure.</p> <p>File Review Results Of the 20 files reviewed, 13 met the requirement and seven did not meet the requirement.</p> <p>Recommendation Of the seven files identified, two files had no care plan and risks were not fully addressed in five files. During the interview, the entity had acknowledged the primary issue to be inadequate documentation by Care Coordinators and had already taken steps to retrain their staff. The entity should employ additional testing and further review to determine the success of this intervention.</p>	<p>On February 1, 2021, NACC Maternity Care Coordinators were provided audit results and information on the requirement that care plans must be patient/caregiver centered with a team approach.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
<p>The PCCM-E must develop a maternal health Care Plan for all pregnant EIs. The Care Plan must: Include the PCPs/community agencies as appropriate.</p>	<p>This requirement is addressed in the Maternity Care Coordination Policy and Procedure.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 17 met the requirement and three did not meet the requirement.</p> <p><u>Recommendation</u> Of the three files identified, two had no care plans and one indicated DHR involvement as the EI did not have custody, yet there was no coordination noted. The entity should train staff to better detect when additional support from providers or outer agencies should be included.</p>	<p>quarterly.</p> <p>On February 1, 2021, NACC Maternity Care Coordinators were provided audit results and information on the requirement Care Plans must include PCPs/community agencies as appropriate.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>The PCCM-E must provide Care Coordination for newborns delivered with no prenatal care. Care Coordination for newborns who did not benefit from pre-natal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator.</p>	<p>This requirement is addressed in the Maternity Care Coordination Policy and Procedure.</p> <p><u>File Review Results</u> Fourteen of the files were applicable for a delivery encounter; however, only nine of these files had a delivery visit or missed delivery visit within 20 calendar days.</p> <p><u>Recommendation</u> The entity should ensure that EIs eligible for a delivery encounter receive a delivery visit or missed delivery visit within 20 calendar days.</p>	<p>On February, 1, 2021, NACC Maternity Care Coordinators were provided audit results and information on the requirement that NACC must provide a delivery visit or missed delivery visit within 20 calendar days.</p> <p>NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
		<p>improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>The PCCM-E must provide Care Coordination for newborns delivered with no prenatal care. Care Coordination for newborns who did not benefit from prenatal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator. The following services shall be provided to the newborn's mother: Counseling on contraception and family planning services;</p>	<p>This requirement is addressed in the Transition from Maternity to Non-Maternal Health Care Coordination Policy and Procedure.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 19 met the requirement and one did not meet the requirement.</p> <p>Recommendation The entity should ensure that counseling is conducted appropriately for maternal health care coordination.</p>	<p>On February 1, 2021, NACC Maternity Care Coordinators were provided audit results and information on the requirement that counseling on contraception and family planning services must be provided to EIs. NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p> <p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>
<p>The PCCM-E must provide Care Coordination for newborns delivered with no prenatal care. Care Coordination for newborns who did not benefit from prenatal care will receive a face-to-face inpatient delivery encounter by a Care Coordinator. The following services shall be provided to the newborn's mother: Counseling on appropriate postpartum care.</p>	<p>This requirement is addressed in the North Alabama Community Care Maternity Care Coordination Program Description.</p> <p><u>File Review Results</u> Of the 20 files reviewed, 18 met the requirement, one did not meet the requirement, and one was not applicable.</p> <p>Recommendation The entity should ensure that counseling is conducted appropriately for maternal health care coordination.</p>	<p>On February 1, 2021, NACC Maternity Care Coordinators were provided audit results and information on the requirement that counseling on appropriate postpartum care must be provided to EIs. NACC developed an audit tool specifically targeting all items cited in the audit. For a minimum of six (6) months, NACC plans to conduct random monthly chart reviews targeting the deficient areas for each care coordinator. These will coincide with random full chart audits.</p>

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
		<p>Care Coordinators with trends of continued deficiencies will be placed on a performance improvement plan and closely monitored by manager and clinical director.</p> <p>NACC will review/retrain on deficiencies a minimum of quarterly.</p>

EI Materials

A total of 45 standards were reviewed; 43 were fully compliant, and 2 were partially compliant. These partially compliant EI materials standards are presented in **Table 27**.

Table 27: NACC EI Materials Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
<p>The PCCM-E must provide the Agency with a written description of all planned health education activities and targeted implementation dates at a frequency and in a format determined by the Agency.</p>	<p>The requirement is addressed in the NACC Proposed Health Education Activities Tool however, does not include “targeted implementation dates at a frequency and in a format determined by the Agency.”</p> <p>Recommendation NACC should ensure their policies are updated to include this requirement.</p>	<p>NACC updated its Health Education Proposed Activities to include implementation dates and will submit to the Alabama Medicaid Agency on or before March 5, 2021.</p>
<p>In addition to the requirements of Section II.W Information Requirements of this RFP, the PCCM-E may only use electronic methods of communication with an EI if:</p> <p>a. The EI has provided an email address to the PCCM-E and has not requested to no longer receive electronic methods of communication;</p> <p>b. The EI has requested or approved electronic transmittal;</p> <p>c. The identical information is available in written format upon request;</p> <p>d. Language and alternative format accommodations are available; and</p> <p>e. All Health Insurance Portability and Accountability Act (HIPAA) requirements are satisfied with respect to PHI.</p>	<p>Requirements (b) and (c) are addressed in the 2019 NACC Enrollee Rights and EI Guidelines for Non-English and Disabled EI however requirements (a) and (d) are not addressed in these policies or in the “Notices” section on the website.</p> <p>Recommendation NACC should ensure their policies are updated to include the missing requirements.</p>	<p>NACC updated its Enrollee policy to include State Contract Requirements Federal Regulations 438.208.</p> <p>The updated policy will be submitted to the Alabama Medicaid Agency on or before March 8, 2021.</p> <p>On February 4, 2021, NACC added Agency approved language regarding text and email communication to its website Notices.</p>

El Rights

A total of 10 standards were reviewed; all were fully compliant.

Enrollment/Disenrollment

A total of 11 standards were reviewed; all were fully compliant.

Grievances

A total of six standards were reviewed; all were fully compliant. There was a recommendation that the entity submit all complaints and grievances to the Agency on the grievances log regardless of how the issue was triaged. NACC reviewed this issue with care coordination staff and will proceed with reporting all official complaints along with grievances.

HIMS

A total of 11 standards were reviewed; 10 were fully compliant, and 1 was partially compliant. This partially compliant HIMS standard is presented in **Table 28**.

Table 28: NACC HIMS Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
The Agency is requiring a case management system that includes Care Coordination documentation, maternity data and the ability to accept Admission/Discharge/Transfer (ADT) feeds. Failure to input Maternity data and/or Care Coordination documentation for each EI with a 95% accuracy rate into the Health Information System/Database will result in Sanctions (see Section II.M.2.i.).	<p>A systems design document was provided.</p> <p>NACC provided RMEDE screen shots. During the interview it was learned that there are automated edits in RMEDE which create limits to constrain entry to comply with accuracy. In addition, NACC conducts audits to compare the medical records to the data in the HIMS. This includes maternity and pharmacy data. There is a comparison of pharmacy data to patient's verbal report of what they are taking.</p> <p>Recommendation</p> <p>It is recommended that the University of Southern Alabama update RMEDE documents with the accuracy rate requirement or add it to an internal policy. NACC could consider capturing their data validation process in a policy and procedure as another best practice.</p>	<p>The following language concerning internal Data Integrity audits has been added to the policy Tool 10_II.1.12.d_Quality Improvement Program and Structure_7-12-19:</p> <p>North Alabama Community Care will use the RMEDE HIMS system and the Tableau Reporting software to perform internal data integrity audits on a quarterly basis to include:</p> <p>Maternity Data Fields Pharmacy Medication Reconciliation</p>

Provider Participation

A total of 12 standards were reviewed; all were fully compliant.

Quality Management

A total of 42 standards were reviewed; 40 were fully compliant, and 2 were partially compliant. These partially compliant quality management standards are presented in **Table 29**.

Table 29: NACC Quality Management Partially Compliant Standards

Partially Compliant Standards	Findings and Recommendations for Improvement	NACC Response and Action Plan
<p>The PCCM-E’s most current Quality Improvement Plan evaluation for the previous calendar year;</p>	<p>This requirement is partially evidenced within the Quality Improvement Annual Work Plan. There is an opportunity to evaluate aspects of quality outside of the quality measures (chart audits, QIPs, data collection/HIMS, grievances, etc.).</p> <p><u>Recommendation</u> NACC should ensure that all aspects of their QI program are evaluated each year, including (but not necessarily limited to) chart audit results, QIPs, grievances, etc.</p>	<p>The Following Sections have been added to the Policy and Procedure titled Tool 10_II.1.12.f_Quality Improvement Annual Work Plan_7-12-19-V1:</p> <p>Quality Improvement Projects Care Coordination Documentation Audits Grievances and Complaints Medical Management Meeting</p>
<p>[The Medical Management Committee is] composed of all participating Providers who must have at least one representative (PCP, Physician Assistant, or Nurse Practitioner) from its medical practice to participate over a twelve (12) month period in at least two (2) quarterly Medical Management meetings in person and one (1) webinar/facilitation exercise with the Network(s) Medical Director.</p>	<p>This requirement is addressed in policy Tool 10_II.1.12.I_Quality Improvement MMM, and evidenced within the Master MMM PMP Participation Report (23 unique practice sites, out of the 149 participating providers, were not in compliance).</p> <p>During the interview, NACC indicated that in order to bolster participation, providers that did not attend 1st quarter meeting were reached out to by phone or email.</p> <p><u>Recommendation</u> NACC should continue their outreach efforts to providers to ensure they meet the minimum attendance requirements to ensure active participation status.</p>	<p>The Following language has been added to the Policy and Improvement titled Tool 10_II.1.12.1_Quality Improvement MMM_6-7-19 and to the Tool titled Tool 10_II.1.12.d_Quality Improvement Program and Structure_7-12-19</p> <p>After each quarter’s meetings are complete, North Alabama Community Care will summarize the attendance and note those PCP practices not in attendance. Those missing practices will be contacted by either the Medical Director / QI staff by telephone and/or by fax. North Alabama Community care will continue our outreach efforts to providers to ensure they meet the minimum attendance requirements to ensure active participation status.</p>

Validation of Quality Improvement Projects

Each ACHN entity is required to develop and implement QIPs to assess and improve processes of care with the desired result of improving outcomes of care. The projects are focused on the health care needs that reflect the demographic characteristics of the ACHN entities’ membership, the prevalence of disease, and the potential risks of the disease. QIP topics were selected by AMA. An assessment is conducted for each project upon proposal submission, and again for interim and final remeasurement, using a tool developed by IPRO and consistent with CMS EQR protocols. Update reports are provided quarterly, and assessed by IPRO and AMA. QIP proposals were submitted November 2019, with re-submissions requested, and final review and approval by March 2020. Brief summaries of these QIPs are presented below. The interim measurement period (calendar year [CY] 2020) will be reported in June 2021 and incorporated into next year’s Annual Technical Report.

QIP: Adverse Birth Outcomes

ACN Mid-State is targeting EIs at high risk for adverse maternal outcomes by focusing on chronic conditions such as hypertension and diabetes in pregnant women and EIs of childbearing age (defined by the entity as those 18–44 years of age). The performance indicator for the project is the percentage of live deliveries in the measurement year that weighed less than 2500 grams, as outlined in **Table 30**.

Table 30: ACN Mid-State Adverse Birth Outcomes QIP Performance Indicator

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of live deliveries in the measurement year that weighed less than 2500 grams	9.71% Numerator: 326 Denominator: 3,354	9.8%

ACN: Alabama Care Network; QIP: quality improvement project; CY: calendar year.

ACN Mid-State has identified poorly managed comorbidities as a barrier to healthy birth outcomes, in addition to social and environmental factors, as well as lack of adequate preconception care. To address these barriers, the entity has focused their efforts on implementing the use of in-house hypertension/diabetes monitoring, providing blood pressure monitors to hypertensive EIs, performing a screening for social determinants of health for EIs that have delivered a low birth-weight baby and connected to community resources, and engaging postpartum EIs in family planning. Intervention tracking measures have not been reported by the entity to date, given the changes that were made in several interventions; however, they will be provided going forward, and reviewed to assess intervention progress and provide additional insight into potential gaps in care.

QIP: Childhood Obesity

ACN Mid-State is targeting EIs 3–11 years of age with a BMI > 85th percentile, with the goal of reducing the percentage of children with an overweight or obese diagnosis. There are four performance indicators for the project, reflected in **Table 31**.

Table 31: ACN Mid-State Childhood Obesity QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of annual BMI assessments completed for EIs age 3–19 during the measurement year	44.03% Numerator: 31,899 Denominator: 72,454	60.0%
The percentage of EIs age 3–6 had an annual Well Visit during the measurement year	62.22% Numerator: 12,282 Denominator: 19,741	79.6%
The percentage of EIs age 7–11 had an annual Well Visit during the measurement year	50.24% Numerator: 12,102 Denominator: 24,086	R: 82.3%
The percentage of EIs, age 3–11 with diagnosis of overweight or obese during the measurement year	39.25% Numerator: 8,200 Denominator: 20,890	R: 1.0 % reduction

ACN: Alabama Care Network; QIP: quality improvement project; CY: calendar year; BMI: body mass index; EI: eligible individual.

The ACHN identified a lack of parental awareness of long-term health consequences of missed well-child visit, as well as a lack of healthy food and physical activity among children, as key drivers of childhood obesity within their EI population. ACN Mid-State has targeted EIs with a mailing campaign, wherein letters are sent and a follow-up phone call is made to educate parents on the importance of the well-child visit, and to help with scheduling a visit with the child’s provider. Additionally, the ACHN has implemented their Healthy Eating Active Living (HEAL) program for EIs with a BMI between

the 85th and 95th percentiles. Lastly, ACN Mid-State has been providing MyPlate materials to EIs for nutrition education, as well as jump ropes and Frisbees to promote physical activity. Intervention tracking measures have not been reported by the entity to date; however, they will be provided going forward, and reviewed to assess intervention progress and provide additional insight into potential gaps in care.

QIP: Substance Use Disorder

ACN Mid-State is targeting EIs who were newly prescribed Medication Assisted Therapy (MAT) within the last 6 months, as well as pregnant EIs who were identified with a history of substance use disorder (SUD), or with active SUD. There are four performance indicators for the project, reflected in **Table 32**.

Table 32: ACN Mid-State Substance Use Disorder QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
Percentage of EIs engaged with Peer Specialist to increase patient engagement and retention in SUD treatment.	Not available (new measure)	15.0%
Percentage of EIs age 18–64 with a new episode of AOD abuse or dependence who engaged in AOD treatment	1.43% Numerator: 106 Denominator: 7419	41.1%

ACN: Alabama Care Network; QIP: quality improvement project; CY: calendar year; EI: eligible individual; SUD: substance use disorder; AOD: alcohol or other drug.

ACN Mid-State has identified management of comorbid medical conditions as a barrier to SUD treatment adherence. Furthermore, the ACHN has identified an opportunity to address a lack of support for SUD recovery, as well as EI non-compliance with their follow-up appointments. ACN Mid-State is utilizing AMA data to identify and outreach EIs with SUD for care coordination (to assist with primary/mental health care as well as connection to community resources), referrals to peer support specialists, and appointment coordination for those with a new MAT prescription. Additionally, the ACHN is referring pregnant EIs (i.e., those identified at assessment by maternity care coordinator with history/active SUD) to peer support, or to the Children’s Policy Council for a plan of safe care. Intervention tracking measures have not been reported by the entity to date; however, they will be provided going forward, and reviewed to assess intervention progress and provide additional insight into potential gaps in care.

ACN Southeast

QIP: Adverse Birth Outcomes

ACN Southeast is targeting all pregnant EIs, as well as DHCPs and PCPs, in order to encourage visit compliance. There are three performance indicators for the project, reflected in **Table 33**.

Table 33: ACN Southeast Adverse Birth Outcome QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of pregnant EIs who have a prenatal visit in the first trimester	73.7% Numerator: 4,210 Denominator: 5,872	77.3%
The percentage of live births weighing < 2500 grams	9.9% Numerator: 321 Denominator: 3,240	9.1%
The percent of infants ages 0–15 months who have 6 or more well-child visits	73.9% Numerator: 3,126 Denominator: 2,311	77.6%

ACN: Alabama Care Network; QIP: quality improvement project; CY: calendar year; EI: eligible individual.

Access to care in the first trimester, low birth weight infants, knowledge of safe sleep, and knowledge of well-child visits have been identified as barriers by the ACHN. In order to address these barriers, ACN Southeast has initiated outreach to DHCP offices and EIs to schedule an initial visit within the first trimester; issued an incentive delivery package at delivery for EIs who attend at least 80% of prenatal visits, postpartum visit, and all care coordination visits; referred pregnant EIs with hypertension or diabetes to their internal bio-monitoring program; distributed safe sleep information to caregivers of EIs 0–6 months of age; and provided targeted case management to EIs 0–15 months of age. Intervention tracking measures have been recorded for several interventions, and demonstrate a consistent increase in the percentage of initial visits scheduled with DHCP offices (70.9% in Q1 to 77.4% in Q4); an improvement in the percentage of EIs who qualify for the incentive package (0% in the first two quarters to 24.3% and 20.7% in Q3 and Q4, respectively); and in referral to bio-monitoring, demonstrating that 45.2% of EIs completed bio-monitoring after launch in Q3 and 28.2% in Q4. Intervention tracking measures also demonstrated a steady decline in the percentage of EIs with hypertension or diabetes that deliver after 37 weeks (83.3% in Q1 to 70.1% in Q4), as well as an increase in the percentage of live births weighing less than 2500 grams born to EIs with hypertension or diabetes (low of 14.7% in Q2 and high of 20.4% in Q4).

QIP: Childhood Obesity

ACN Southeast is targeting EIs 3–6 years of age in order to promote well-child visits and improve outcomes among those with a BMI > 85th percentile. There are two performance indicators for the project, reflected in **Table 34**.

Table 34: ACN Southeast Childhood Obesity QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate ¹
The percentage of EIs 3–6 years of age with a well-child visit	72.7% Numerator: 10,691 Denominator: 14,696	76.3%
The percentage of EIs 3–6 years of age with a BMI > 85 th percentile	13.5% Numerator: 2,280 Denominator: 17,344	25.7%

ACN: Alabama Care Network; QIP: quality improvement project; CY: calendar year; EI: eligible individual; BMI: body mass index.

¹The baseline rate for BMI > 85th percentile of 13.5% (CY 2019) is lower than the goal rate for 2021 due to BMI not being required in billing claims by the Agency prior to October 2019. Thus, the baseline rate for BMI > 85th percentile in 3–6 year olds appears low due to under reporting in 2019. The target rate for 2021 was set based on data collected during CY 2020.

ACN Southeast identified poor choices, limited resources for nutrition education, and lack of knowledge of benefits on breastfeeding and childhood obesity as barriers. In order to address these barriers, the ACHN has distributed MyPlate educational materials, provided gardening materials and seeds to children in pre-K, kindergarten, and first grade, and provided education and support to encourage breastfeeding in infants 0–6 months of age. The first two interventions (the MyPlate and gardening initiatives) began in November 2020, and tracking measures demonstrate that there remains much opportunity to continue the distribution of MyPlate educational materials (evidenced by only 2.1% of EIs with BMI > 85th percentile ages 3–6 who received education in Q4) and an opportunity to expand the percentage of schools that received gardening materials (14.5% in Q4).

QIP: Substance Use Disorder

ACN Southeast is targeting EIs 18 years of age and older with a diagnosis of alcohol or other drug (AOD) abuse or dependence. There is one performance indicator for the project, reflected in **Table 35**.

Table 35: ACN Southeast Substance Use Disorder QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of EIs with an SUD diagnosis who receive treatment in measurement year	3.3% Numerator: 647 Denominator: 19,429	3.6%

ACN: Alabama Care Network; QIP: quality improvement project; CY: calendar year; EI: eligible individual; SUD: substance use disorder.

Cost of placement in non-billing SUD treatment facilities, transportation to treatment programs, and identification of EIs with SUD were cited as barriers. To address these barriers, ACN Southeast has proposed funding non-billing treatment facilities, arranging transportation when non-emergency transport is unavailable, and partnering with SpectraCare to add peer support specialists in their region. Intervention tracking measures have not been reported by the entity to date, given the changes that were made to the scope of this project and to the interventions; however they will be provided going forward, and reviewed to assess intervention progress and provide additional insight into potential gaps in care.

Gulf Coast Total Care

QIP: Adverse Birth Outcomes

Gulf Coast Total Care (GCTC) is targeting EIs with a critical risk, which they defined as an individual with a previous pre-term birth and/or a diagnosis of hypertension or diabetes. There are three performance indicators for the project, reflected in **Table 36**.

Table 36: GCTC Adverse Birth Outcome QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of live births weighing < 2500 grams	10.4% Numerator: 450 Denominator: 4,325	9.7%
The percentage of pregnant EIs who have a prenatal visit in the first trimester	39.1% Numerator: 1,521 Denominator: 3,889	74.2%
The percentage of EIs defined as critical risk, who completed 37 weeks of gestation	43.8% Numerator: 7 Denominator: 16	50.0%

GCTC: Gulf Coast Total Care; QIP: quality improvement project; CY: calendar year; EI: eligible individual.

GCTC cited the identification of EIs with one of the critical risk diagnoses as a barrier. In terms of data collection processes to address this barrier, the entity has indicated they are utilizing the assessment carried out by the maternity care coordinator. The care coordinator then confirms EI self-reporting with DHCP records and Alabama Medicaid claims data. Once EIs are identified, GCTC focuses their efforts around bio-monitoring and enrollment of EIs into the Today's Mom program. Intervention tracking measures demonstrate an opportunity to improve EI compliance with bio-monitoring (all EIs that have been identified as critical risk agreed to bio-monitoring; however, only 19% on average were compliant at least 50% of the time).

QIP: Childhood Obesity

GCTC is targeting EIs 7–11 years of age with an overweight or obese diagnosis (defined by ICD codes Z68.53 or Z68.54). There are three performance indicators for the project, reflected in **Table 37**.

Table 37: GCTC Childhood Obesity QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of EIs 3–17 years of age that have an annual BMI assessment completed	62.2% Numerator: 30,750 Denominator: 49,443	75.0%
The percentage of EIs 7–11 years of age with a diagnosis code of overweight or obese (ICD Z68.53 or Z68.54)	45.4% Numerator: 6,629 Denominator: 14,608	44.4%

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of EIs 7–11 years of age that had an annual PCP visit	89.1% Numerator: 16,760 Denominator: 18,801	90.3%

GCTC: Gulf Coast Total Care; QIP: quality improvement project; CY: calendar year; EI: eligible individual; BMI: body mass index; ICD: International Classification of Disease; PCP: primary care provider.

GCTC has identified several barriers, including practice inability to review EIs in terms of diagnosis codes (providers unaware of distribution of overweight/obese in their practice), lack of physical activity and EI/parent knowledge regarding diet/nutrition/exercise, and underutilization of PCPs for annual visit for children 7–11 years of age. The ACHN has evaluated the percentage of children in the southwest region with their BMI assessed who had an overweight/obese diagnosis to determine the extent of the public health issue (42.0% as of Q4 2020). Of those identified, the ACHN has proposed to work with PCPs to refer these EIs to care coordination, and then track the percentage that enrolled in care coordination and became involved in the 14,000 step challenge (including a pedometer and tracking chart provided by GCTC) or Teen Cuisine program (a cooking and nutrition education curriculum available through the Alabama Cooperative Extension System). Furthermore, the ACHN seeks to support and assist PCPs in contacting and scheduling appointments for EIs 7–11 years of age that are due or past due for an annual PCP visit. Intervention tracking measures have not been reported by the entity to date, given the changes that were made to the scope of this project and to the interventions; however, they will be provided going forward, and reviewed to assess intervention progress and provide additional insight into potential gaps in care.

QIP: Substance Use Disorder

GCTC is focusing its efforts on EIs with a new episode of alcohol or other drug use (AOD), specifically opioid-related, and EIs with their first Medication Assisted Treatment (MAT) prescription fill. There are three performance indicators for the project, reflected in **Table 38**.

Table 38: GCTC Substance Use Disorder QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of EIs 18 years of age and older with a new episode (no prior claim in past 60 days) of AOD (opioid-related, defined by ICD-F11) or first MAT prescription fill that enroll and remain in active Care Coordination for at least 120 days	N/A	50.0%
The percentage of EIs 18 years of age and older with a first MAT prescription filled (no prior claim in past 60 days) and initiates counseling/ behavioral therapies within 60 days of first fill	N/A	20.0%
The percentage of eligible providers that participated/completed Opioid Use Disorder (OUD) Educational Outreach and Survey that report increased knowledge/ understanding of OUD, prescribing guidelines, treatment options and community resources	N/A	50.0%

GCTC: Gulf Coast Total Care; QIP: quality improvement project; CY: calendar year; EI: eligible individual; AOD: alcohol or other drug use; ICD: International Classification of Disease; MAT: Medication Assisted Treatment; OUD: Opioid Use Disorder; N/A: not applicable.

GCTC identified barriers including a high incidence of recidivism without appropriate support navigating the healthcare system, and PCP reluctance to treat SUD due to lack of training and expertise regarding treatment modalities. To address, the ACHN has developed a procedure where a certified recovery support specialist (CRSS) will perform outreach within 24 hours of receipt of referral to EIs that have a new episode of AOD or have received their first MAT prescription. The CRSS will assist EIs in enrolling in care coordination and completing a placement assessment. Furthermore, the CRSS will assist EIs with accessing outpatient treatment through barrier assessment and support. GCTC is also conducting educational outreach to PCPs to improve their comfort level in managing EIs with AOD. The Medical Director, Pharmacy

Manager, and/or Quality Manager provides training on pathophysiology of OUD, prescribing guidelines, MAT options, quality measures, and community resources. Intervention tracking measures have not been reported by the entity to date; however, it is expected that they will be provided going forward, and will be reviewed to assess intervention progress and provide additional insight into potential gaps in care.

My Care Central

QIP: Adverse Birth Outcomes

To address adverse birth outcomes, My Care Central is focusing their efforts on family planning and school-based sexual education. There are two performance indicators for the project, reflected in **Table 39**.

Table 39: My Care Central Adverse Birth Outcomes QIP Performance Indicators

Indicator	Baseline (CY 2019)	Target
The number students enrolled in the targeted high school that complete the Making Proud Choices curriculum	0	300 students by end of school year
The number of EIs who attend women’s health appointments at Baptist Health Family Medicine	0	200

QIP: quality improvement project; CY: calendar year; EI: eligible individual.

In response to the barriers of lack of knowledge of the importance of reproductive wellness, and lack of knowledge related to adverse birth outcomes related to sexually transmitted infections (STIs), My Care Central has implemented an evidence-based sexual/reproductive health curriculum in a regional high school and has partnered with Baptist Health Family Medicine to ensure women’s access to screening and other preventive health measures. Intervention tracking measures demonstrate a small percentage of students participating in the curriculum; however, of those students who did participate, 84.2% demonstrated an improved post-test score (compared with their pre-test score). In terms of efforts around women’s health, My Care Central has successfully had over 40% of EIs complete their cervical cancer screening with Baptist Health Family Medicine to date (since intervention initiation in quarter 2 of 2020).

QIP: Childhood Obesity

My Care Central is targeting pregnant women and EIs 0–15 months of age in an effort to prevent childhood obesity among their population. There are three performance indicators for the project, reflected in **Table 40**.

Table 40: My Care Central Childhood Obesity QIP Performance Indicators

Indicator	Baseline Rate	Target Rate
The percentage of EIs that initiate breastfeeding in the hospital post-delivery	67.7% ¹	70%
The percentage of pregnant EIs enrolled in The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) during the prenatal period	52.2% ²	59.1%
The percentage of EIs 0–15 months of age who have 6 or more well-child visits	60.3% ³	61.8%

QIP: quality improvement project; EI: eligible individual; WIC: Women, Infants, and Children.

¹This rate reflects the percentage of Alabama newborns ever breastfed, per the ACHN’s research.

²This rate reflects the percentage of WIC participants in Alabama in 2014

³This rate reflects calendar year 2019 ACHN data

My Care Central identified low breastfeeding rates, decreased utilization of WIC in pregnancy, and lack of understanding of the importance of the well-child visit as key drivers and barriers to preventing childhood obesity. In response, the ACHN has employed nurses to provide in-home breastfeeding education and support, improved early prenatal access to WIC, and provided education on the importance of the well-child visit in the first 15 months of life. Intervention tracking

measures indicate that all EIs that were enrolled in the Strong Momma program and delivered to-date initiated breastfeeding at the hospital. While data was not yet available, the ACHN is also collecting information related to the percentage of EIs that were still breastfeeding 30 or more days after initiation. Tracking measures also demonstrate that My Care Central is making progress enrolling eligible women in WIC before 28 weeks gestation (46% in Q3 2020 and 72% in Q4). The percentage of children who turn 15 months during the measurement year will be reviewed to evaluate how many had at least 6 well-child visits from 0–15 months of age.

QIP: Substance Use Disorder

My Care Central is targeting all EIs with n SUD diagnosis to connect them with peer support specialists and improve their access to treatment. There are three performance indicators for the project, reflected in **Table 41**.

Table 41: My Care Central Substance Use Disorder QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of EIs with an SUD diagnosis who initiated treatment within 14 days of diagnosis	34.4%	41.0%
The percentage of EIs receiving peer support services	N/A	To be decided
The percentage of EIs who initiated treatment and had 2 or more additional services within 30 days of initial visit	3.4%	10.3%

QIP: quality improvement project; CY: calendar year; EI: eligible individual; SUD: substance use disorder; N/A: not applicable.

My Care Central identified two primary barriers, including a lack of masters-level health professionals to perform the Advanced Placement Assessment (APA), and insufficient EI transportation to treatment facilities. To address, the ACHN is working to increase the ability of a mental health professional to initiate treatment by providing APA in the targeted region, and connecting EIs with transportation and other services offered by peer support specialists. According to intervention tracking measures, the percentage of APAs completed has remained at about 32% over the three quarters since intervention initiation. The percentage of EIs who initiated treatment has remained at less than 4%.

My Care East

QIP: Adverse Birth Outcomes

My Care East is focusing on smoking cessation and EI compliance with prenatal and postpartum visits in order to mitigate adverse birth outcomes. There are three performance indicators for the project, reflected in **Table 42**.

Table 42: My Care East Adverse Birth Outcomes QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of women who smoke during pregnancy	26.4% Numerator: 1,112 Denominator: 4,209	23.8%
The percentage of live births weighing less than 2,500 grams	8.8% Numerator: 128 Denominator: 1,474	8.7%
The percentage of EIs who had a postpartum visit on or between 21 and 56 days after delivery	68.1% Numerator: 813 Denominator: 1,247	72.9%

QIP: quality improvement project; CY: calendar year; EI: eligible individual.

My Care East identified lack of support to quit, access to quit services, and education about unsafe treatment as barriers to smoking cessation. In order to address, the ACHN is increasing support, resources, and education through incentivizing EIs to complete a smoking cessation program through the mobile app Quit Genius. Of those pregnant EIs referred to the app in 2020, 38% enrolled in Q3 and 42% in Q4, with 31% completing the program in Q3 and 30% in Q4.

Of those who completed the program, 31% remained smoke free 4 weeks after quit date in Q3, while 33% remained smoke free in Q4. In order to bolster prenatal and postpartum care, My Care East initiated an incentive program, which rewards EIs with gift cards if they attend a prenatal care appointment in the first trimester, and/or a postpartum care appointment 21–56 days following delivery. While 100% of DHCPs were educated about My Care East’s incentive program, less than 20% of EIs collected their gift card for a prenatal visit in the first trimester or a postpartum visit in the 21–56 days following delivery; however, there has been improvement seen quarter-to-quarter in this effort.

QIP: Childhood Obesity

My Care East is targeting three high-risk engaged pediatric practices in DeKalb, Calhoun, and Tallapoosa counties, as well as two Title I schools, in order to mitigate childhood obesity. There is one performance indicator for the project, reflected in **Table 43**.

Table 43: My Care East Childhood Obesity QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of children ages 3–17 years of age who had an outpatient visit with a PCP/OBGYN and had evidence of BMI documentation during the measurement year	6.7%	28.4%

QIP: quality improvement project; CY: calendar year; PCP: primary care provider; OBGYN: obstetrician/gynecologist; BMI: body mass index.

My Care East identified several barriers, including parental compliance with well-child visits, poor diet/nutrition/physical activity, and lack of education around healthy eating habits. To address, the ACHN is providing incentives for EIs that attend well-child visits and participate in nutrition and physical activity counseling, implementing the Healthy Eating and Acting Living (HEAL) Program in physical education classes for the two selected Title I schools in My Care East’s region, and partnering with the University of Alabama (UAB) to provide registered dieticians to offer telehealth counseling sessions to children 6–12 years of age with a BMI > 85th percentile. Intervention tracking measures indicate 100% of targeted pediatric providers received education about the well-child visit incentives for EIs. The percentage of EIs that attended their well-child visit over the first year of the project remained relatively constant (approximately 20% each quarter); however, the percentage of EIs that collected their incentive gift card steadily rose (from 1% in Q1 2020 to 24% in Q3 2020). Forty percent (40%) of elementary schools in St. Clair and Tallapoosa counties enrolled in the HEAL Program; however, other intervention tracking measures around this intervention (as well as the partnership with UAB dieticians) have not yet been collected. It is expected that they will be provided going forward, and will be reviewed to assess intervention progress and provide additional insight into potential gaps in care.

QIP: Substance Use Disorder

My Care East is targeting all EIs with an SUD diagnosis to connect them with peer support specialists and improve their access to treatment. There are two performance indicators for the project, reflected in **Table 44**.

Table 44: My Care East Substance Use Disorder QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
Percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis	33.1% Numerator: 268 Denominator: 903	36.3%
Percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit	3.8% Numerator: 24 Denominator: 903	6.4%

QIP: quality improvement project; CY: calendar year; AOD: alcohol or other drug use.

My Care East identified several barriers, including lack of transportation, support, and knowledge of resources; lack of assessment providers in the East region; and siloed community involvement and resources. To address, the ACHN has implemented the use of peer support specialists in partnership with Recovery Outreach and Support Services (ROSS), implemented the use of My Care East master’s-level social workers (MSWs) to conduct timely adult placement assessments (APAs) to improve entry into substance treatment facilities after detox, and has plans to establish an SUD task force to improve community capacity to identify and connect recipients to substance use resources. Intervention tracking measures indicate that an increasing percentage of EIs with an active SUD diagnosis have been connected with peer support and have been connected to the ROSS helpline. Furthermore, tracking measures demonstrate that 100% of MSWs have been trained to conduct the APAs, and all EIs with MSW-completed APAs have entered into an SUD treatment center. While the SUD task force has been placed on hold due to COVID-19 restrictions, all 11 organizations that have been asked to participate have agreed. Going forward, My Care East plans to place MSWs in emergency departments, as well as pursue the SUD task force.

My Care Northwest

QIP: Adverse Birth Outcomes

My Care Northwest is targeting pregnant EIs as well as women of childbearing age to improve receipt of prenatal/postpartum care and contraception use, respectively. There are two performance indicators for the project, reflected in **Table 45**.

Table 45: My Care Northwest Adverse Birth Outcomes QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of EIs with a live birth that received a prenatal care visit in the first trimester, on the enrollment start date, or within 42 days of enrollment	62.1% Numerator: 597 Denominator: 970	65.5%
The percentage of EIs with a live birth that had a postpartum visit 21–56 days after delivery	62.1% Numerator: 597 Denominator: 970	65.5%

QIP: quality improvement project; CY: calendar year, EI: eligible individual.

My Care Northwest identified the lack of education on the importance of prenatal care and postpartum visits and unplanned pregnancy as barriers to address to mitigate adverse birth outcomes. The ACHN has collaborated with Nurse Family Partnership to provide education to EIs regarding the importance of prenatal and postpartum visits. Given that face-to-face discussion has not always been possible due to the restrictions posed by COVID-19, the ACHN has pivoted towards providing handouts to members to educate them on prenatal/postpartum visits, as well as the various types of contraceptive methods. Intervention tracking measures indicate that the majority of pregnant EIs have received education regarding prenatal care visits, with 100% receiving postpartum care education, and 100% receiving education on contraception. Tracking measures also demonstrate that the usage of long acting reversible contraception (LARC) has increased for adult EIs between October and November of 2020 (44% to 55%, respectively), and for the 5 teenagers represented, has declined from 100% to 60% between October and November of 2020.

QIP: Childhood Obesity

My Care Northwest is targeting children, community agencies, and providers to provide EIs with education on ways to change their diets to incorporate healthy food selections and being more active. There is one performance indicator for the project, reflected in **Table 46**.

Table 46: My Care Northwest Childhood Obesity QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of children ages 3 to 17 who had nutritional and physical activity counseling documented during the measurement year	4.4% Numerator: 1,181 Denominator: 10,143	15.7%

QIP: quality improvement project; CY: calendar year.

My Care Northwest identified several barriers, including lack of education on healthy eating habits, lack of knowledge on the importance of yearly well-child visits, and lack of knowledge of community resources. To address, the ACHN has partnered with the Auburn Extension Office to provide nutritional classes via Zoom, and has made it part of their procedure to identify EIs with a past-due well-child visit and assist them with scheduling an appointment with their PCP. Furthermore, the ACHN will have their registered dietician work with community agencies to improve knowledge of available community resources, develop a “cheat sheet” for providers to assist them with coding BMI correctly, and partner with Alabama Cooperative Extension Office to provide education to improve healthy eating habits and promote middle schoolers to become more active. Intervention tracking measures demonstrate the need for increased participation into the nutritional classes, as well as well-child visits. Intervention tracking measures have not been collected for the interventions that started later in the project year, but it is expected that the ACHN will provide them going forward, and they will be reviewed to assess intervention progress and provide additional insight into potential gaps in care.

QIP: Substance Use Disorder

My Care Northwest is targeting EIs with an SUD diagnosis, and seeks to improve initiation and engagement in treatment among this population. There are two performance indicators for the project, reflected in **Table 47**.

Table 47: My Care Northwest Substance Use Disorder QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
The percentage of EIs age 18 and older with a new episode of AOD abuse or dependence who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis	40.0% Numerator: 322 Denominator: 804	43.8%
The percentage of EIs age 18 and older with a new episode of AOD abuse or dependence who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit	5.5% Numerator: 44 Denominator: 804	6.9%

QIP: quality improvement project; CY: calendar year; EI: eligible individual; AOD: alcohol or other drug.

My Care Northwest has identified lack of trained peer support specialists (PSSs) in their region, lack of APA providers, and lack of transportation providers as barriers. To address, the ACHN has sought to increase the number of PSSs through a partnership with ROSS, and has provided training to their MSWs on how to complete APAs. Furthermore, the ACHN has begun addressing the transportation barrier by having PSSs provide this service to EIs. The only tracking measure that has been evaluated to date is the percentage of EIs who were connected with PSS to assist with treatment; this measure demonstrates that while there is room for improvement, between 30% and 75% of members (month over month beginning in May 2020) have received assistance from PSS. It is expected that My Care Northwest will provide tracking measures for each intervention going forward, and they will be reviewed to assess intervention progress and provide additional insight into potential gaps in care.

North Alabama Community Care

QIP: Adverse Birth Outcomes

North Alabama Community Care (NACC) is focusing their efforts on EIs with a BMI greater than or equal to 30.0 in order to mitigate poor birth outcomes. There are three performance indicators for the project, reflected in **Table 48**.

Table 48: NACC Adverse Birth Outcomes QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
Percentage of pregnant EIs identified as having a BMI greater than or equal to 30.0 at their first prenatal visit receiving nutritional and healthy lifestyle counseling to decrease infant mortality and adverse outcomes	N/A	50.0%
Percentage of pregnant EIs that fail their GTT receiving nutritional and healthy lifestyle counseling to decrease infant mortality and adverse outcomes	N/A	50.0%
Percentage of pregnant EIs identified as having a BMI greater than or equal to 30.0 at their first prenatal visit and/ or EIs that fail their GTT enrolling in Plan First services after delivery	N/A	50.0%

NACC: North Alabama Community Care; QIP: quality improvement project; CY: calendar year; EI: eligible individual; BMI: body mass index; GTT: glucose tolerance test.

NACC identified several key drivers associated with mitigating adverse birth outcomes, including the maintenance of a healthy weight and lifestyle throughout pregnancy, and promotion of inter-conception care. The ACHN has developed interventions that target the identification of EIs who fail their glucose tolerance test (GTT) or who have a BMI greater than or equal to 30.0 at their initial prenatal visit. The ACHN then provides education about physical activity, smoking cessation and breastfeeding, and enrollment into Plan First Services. Intervention tracking measures demonstrate that NACC has been successful in nutrition counseling for women who either were identified as having failed their GTT, or identified as having a BMI greater than or equal to 30.0. Furthermore, the ACHN was successful in mitigating excessive weight gain during pregnancy in those with a high BMI, and also helping to facilitate smoking cessation in the two pregnant EIs that were identified. There is an opportunity for continued focus on breastfeeding education and support, given only one of six women continued breastfeeding from delivery through the postpartum visit (it should be noted that only one month of results were available at the time of this report; thus, the ACHN is encouraged to continue tracking their efforts around breastfeeding to understand if intervention effective).

QIP: Childhood Obesity

NACC is targeting EIs 3–6 years of age, as well as pregnant EIs, in order to reduce the prevalence of childhood obesity. There are three performance indicators for the project, reflected in **Table 49**.

Table 49: NACC Childhood Obesity QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
Percentage of EIs ages 3–6 with documentation of BMI in their medical record	89.5%	60.0%
Percentage of EIs ages 3–6 with a BMI between 85%–94%	16.0%	15.3%
Percentage of first time pregnant EIs that are breastfeeding at postpartum visit	31.3%	25.0%

NACC: North Alabama Community Care; QIP: quality improvement project; CY: calendar year; EI: eligible individual; BMI: body mass index.

The ACHN identified several barriers, including lack of PCP/pediatrician commitment to identifying childhood obesity, EI knowledge of nutrition and healthy lifestyles, and lack of breastfeeding promotion. In order to address, NACC has begun educating PCPs and pediatricians on the correct collection and reporting of BMI, and requesting referrals from these providers for EIs 3–6 years of age with a BMI between 85% and 94% to NACC for counseling. Case Management assesses these EIs for readiness for change, and group sessions managed by dietician, community health workers, and extension services that focus on child nutrition, increasing physical activity and reducing screen time are made available. Furthermore, the dietician, community health workers, and extension services manage food box distribution to these EIs. NACC’s intervention targeting pregnant women focuses on Maternity Care Coordinators providing education about the benefits of breastfeeding with first time pregnant EIs; these EIs are then offered coordination with local lactation support services. Intervention tracking measures demonstrate that the percentage of EPSDT claims for EIs ages 3–6 with BMI classification diagnosis codes has steadily increased since the inception of the project (from 9.9% in January 2020 to 61.3% in August 2020). Data have been limited for the tracking measures that assess the other interventions; however, it is the expectation that NACC will provide these going forward, and they will be reviewed to assess intervention progress and provide additional insight into potential gaps in care.

QIP: Substance Use Disorder

NACC is targeting EIs 13 years of age and older with an SUD diagnosis, as well as providers, to improve access to treatment and recovery services. There is one performance indicator for the project, reflected in **Table 50**.

Table 50: NACC Substance Use Disorder QIP Performance Indicators

Indicator	Baseline Rate (CY 2019)	Target Rate
Percentage of EIs age 13 years and older with a new episode of SUD diagnosis receiving substance use disorder treatment	40.2%	40.5%

NACC: North Alabama Community Care; QIP: quality improvement project; CY: calendar year; EI: eligible individual; SUD: substance use disorder.

NACC identified several barriers, including lack of MAT-certified physicians, identifying EIs with substance use disorders, identifying the support needs of EIs with a substance use disorder diagnosis, and low-Risk EIs and adolescents being overlooked for interventions. In order to address, the ACHN has initiated provider group training sessions via GoTo Meeting (to educate on the referral process to identify EIs in need of brief intervention for SUD). The brief intervention is completed by NACC staff to educate on the consequences of substance use and encourage healthy lifestyle choices. Further targeting providers, the ACHN has implemented an incentive program to promote MAT certification. Lastly, NACC has coordinated with ROSS to address the support needs of EIs with SUD and complete referrals to residential facilities for treatment. Intervention tracking measures are not available to date, given the changes in the project due to COVID-19 restrictions. It is expected that NACC will provide these measures going forward, and they will be reviewed to assess intervention progress and provide additional insight into potential gaps in care.

Appendix A: Systems Performance Review

Objectives

Each annual detailed technical report must contain data collected from all mandatory EQR activities. Federal regulations at 42 CFR 438.358 delineate that a review of an MCE's compliance with standards established by the state to comply with the requirements of § 438 Subpart D and the quality assessment and performance improvement requirements described in § 438.330 is a mandatory EQR activity. Furthermore, this review must be conducted within the previous three-year period, by the state, its agent, or the EQRO.

Annually, AMA evaluates the ACHN entities' performance against contract requirements and state and federal regulatory standards through IPRO, its EQRO contractor.

In order to determine which regulations must be reviewed annually, IPRO performs an assessment of the ACHN entities' performance on each of the federal managed care regulations over the prior three-year period. Given that 2020 was the first year of SPR, all applicable regulations were subject to review.

The SPR for the review period October 1 2019–September 30, 2020, conducted in December 2020, addressed contract requirements and regulations within the following categories:

- Care Coordination
- EI Materials
- EI Rights
- Enrollment/Disenrollment
- Grievances
- Provider Participation
- Health Information Management Systems
- Quality Management

Data collected from each ACHN entity submitted during the pre-interview phase, during the day of interviews, or in follow-up were considered in determining the extent to which the entity was in compliance with the standards. Further, descriptive information regarding the specific types of data and documentation reviewed is provided in the **Description of Data Obtained** section below, and in the **Systems Performance Review** section of this report.

Technical Methods of Data Collection

In developing its review protocols, IPRO followed a detailed and defined process, consistent with the CMS EQRO protocols for monitoring regulatory compliance of MCEs. For each set of standards reviewed, IPRO prepared standard-specific review tools with standard-specific elements (i.e., sub-standards). The tools include the following:

- statement of federal regulation and related federal regulations;
- statement of state regulations;
- statement of state and ACHN contract requirement(s);
- suggested evidence;
- prior results;
- ACHN entity evidence;
- reviewer determination;
- descriptive reviewer findings and comments related to findings; and
- ACHN entity response and action plan.

In addition, where applicable (e.g., EI grievances and care coordination), file review worksheets were created to facilitate complete and consistent file review.

Reviewer findings formed the basis for assigning preliminary and final determinations. The standard determinations used are listed in **Table A.1**.

Table A.1: Standard SPR Determinations

Level of Compliance	Meaning
Full compliance	ACHN entity has met or exceeded the standard.
Partial compliance	ACHN entity has met some requirements of the standard, but is deficient in some areas that must be remediated.
Non-compliance	ACHN entity has not met the standard.

SPR: systems performance review; ACHN: Alabama Coordinated Health Network.

The list of elements due for review and the related review tools were shared with AMA and each ACHN entity.

Pre-interview Activities: Prior to the day of interviews, an introduction letter was sent to the ACHN entities, and documentation along with eligible population listings for file reviews was requested.

The documentation request is a listing of pertinent documents for the period of review, such as policies and procedures, sample contracts, program descriptions, work plans, and various program reports.

The eligible population request is a request for case listings for file reviews, e.g., for EI grievances, a listing of grievances received by the ACHN entity for a selected time period; or, for care coordination, a listing of members enrolled in care coordination during a selected time period. From these listings, IPRO selected a random sample of files for review.

Additionally, IPRO began its desk review, or offsite review, when the documentation and case files were received from the ACHN entities. Prior to the review, a notice was sent to the ACHN entities including a confirmation of the virtual review dates, an introduction to the review team members, the review agenda, and an overall timeline for SPR activities.

Virtual Review Activities: The reviews commenced with an opening conference, where staff was introduced, and an overview of the purpose and process for the review, including the agenda, was provided. Following the opening conference, staff interviews were conducted to clarify and confirm findings from the pre-interview phase. When appropriate, walk-throughs or demonstrations of work processes were conducted. The review concluded with a closing conference, during which IPRO provided feedback regarding the preliminary findings, follow-up items needed, and the next steps in the review process.

Description of Data Obtained

As noted in **Pre-interview Activities**, in advance of the review, IPRO requested documents relevant to each standard under review to support each ACHN entity’s compliance with federal and state regulations and contract requirements. This included items such as: policies and procedures; sample contracts; annual QI program description, work plan, and annual evaluation; EI and provider handbooks; participation reports; committee descriptions and minutes; case files; program monitoring reports; and evidence of monitoring, evaluation, analysis, and follow-up. Additionally, as noted in **Virtual Review Activities**, staff interviews and demonstrations were conducted on the day of interviews. Supplemental documentation was also requested for areas where IPRO deemed it necessary to support compliance. Further detail regarding specific documentation reviewed for each standard for the 2020 review is included in the **Systems Performance Review** section of this report.

Data Aggregation and Analysis

Post-interview Activities: Following the virtual review, the ACHN entities were provided with a limited time period to submit additional documentation while IPRO prepared the preliminary review findings. As noted earlier, each standard reviewed was assigned a level of compliance ranging from full compliance to non-compliance. The review determination was based on IPRO’s assessment and analyses of the evidence presented by the ACHN entity. For standards where an ACHN entity was less than fully compliant, IPRO provided in the review tool a narrative description of the evidence reviewed and reason for lack of full compliance. Each ACHN entity was provided with the preliminary findings with the opportunity to submit a response and additional information for consideration. IPRO reviewed any responses submitted by the ACHN entity and made final review determinations.

Appendix B: Validation of Quality Improvement Projects

Objectives

ACHN entities implement QIPs to assess and improve processes of care, and as a result improve outcomes of care. The goal of QIPs is to achieve significant and sustainable improvement in health outcomes and processes. While regulations do not require PCCM entities to conduct QIPs, states may require them to do so. It is recommended that if states do require their PCCM entities to carry out QIPs, then they should consider validating those projects. AMA requires their PCCM entities to carry out QIPs, and IPRO has been tasked with the validation of those QIPs, to ensure methodological soundness of design and conduct, and evaluate the improvement in care and provide confidence in these reported improvements.

QIPs were reviewed according to the CMS protocol *Validation of Performance Improvement Projects*. The first process outlined in this protocol is assessing the methodology for conducting the QIP. This process involves the following 10 elements:

- review of the selected study topic(s) for relevance of focus and for relevance to the ACHN entity's enrollment;
- review of the study question(s) for clarity of statement;
- review of selected study indicator(s), which should be objective, clear and unambiguous and meaningful to the focus of the QIP;
- review of the identified study population to ensure it is representative of the ACHN entity enrollment and generalizable to the ACHN entity's total population;
- review of sampling methods (if sampling used) for validity and proper technique;
- review of the data collection procedures to ensure complete and accurate data were collected;
- assessment of the improvement strategies for appropriateness;
- review of the data analysis and interpretation of study results;
- assessment of the likelihood that reported improvement is "real" improvement; and
- assessment of whether the ACHN entity achieved sustained improvement.

Following the review of the listed elements, the review findings are considered to determine whether or not the QIP findings should be accepted as valid and reliable.

Technical Methods of Data Collection

The methodology for validation of the QIPs was based on the CMS protocol. Each QIP was reviewed using this methodology upon proposal submission. Upon first remeasurement and each remeasurement thereafter, each of the 10 protocol elements is considered.

Description of Data Obtained

Each QIP was validated using the ACHN entity's QIP project reports, and in collaboration with AMA's data and analytics team. Data obtained at the proposal stage included baseline, benchmark, and goal rates.

Data Aggregation and Analysis

Each applicable protocol element necessary for a valid QIP is documented within this report. Analysis includes review of the study topic, questions, indicators, target population, data collection procedures, and interventions. Sampling was not applicable within any of the QIPs.

Upon final reporting, a determination will be made as to the overall credibility of the results of each QIP, with assignment of one of three categories:

- There were no validation findings that indicate that the credibility of the QIP results is at risk.
- The validation findings generally indicate that the credibility of the QIP results is not at risk. Results must be interpreted with some caution. Processes that put the conclusions at risk will be enumerated.
- There are one or more validation findings that indicate a bias in the QIP results. The concerns that put the conclusion at risk will be enumerated.